114000053187

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Eliza Office
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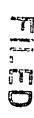


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9 JAN 10 PM 5: 3



COVER LETTER

Division of Co	orporations		
SUBJECT:WG	xfa's Brow Name of Limi	Art and 5 ited Liability Company	Kincare"LLC
	f Amendment and fee(s) are sub-	_	
Please return all corresp	oondence concerning this matter	to the following:	
	Wafu	Name of Person	
	Watu's Bo	Firm/Company	d Skincare
	7400 N	Federal Huy Address	# A11
	Buca Rwon	FL 3349	37
	Alsaid waf	to be used for future annual report no	otification)
For further information	concerning this matter, please ca	ıll:	
Wafa A	1 Sald	at (586) 22	2 - 1168
Enclosed is a check for \$25.00 Filing Fee		□ \$55.00 Filing Fee &	\$60.00 Filing Fee.
-	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF

2019 JAN 10 PM 5: 39

Wafa'S Brow Art and Skingersen Elicie (Name of the Limited Liability Company as it now appears on our records:) 1133EE, FL (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 04/01/2014 and assigned Florida document number 140000 53187.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Wafa Brows and Permanent Makeup LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Trincipal office data as Moor BD X of NODI [ND DIGGO]
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the n
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida City Zip Code
·
ew Registered Agent's Signature, if changing Registered Agent:
sereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

npany has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			☐ Remove	
			☐ Change	
				
			☐ Remove	
		.	Change	
			☐ Remove	
			☐ Change	
			□ Add	
			□ Remove	
			Change	
			Add	
			☐ Remove	
			☐ Change	
			Add	
			□ Remove	
			Change	

f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effi Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated .	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Wafa Alsaid Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00