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(i	Requestor's Name)	
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((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(1)	Business Entity Name)	
()	Document Number)	
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то:	Registration Se Division of Cor				
(15.25)		BELLEZA BY NAYDA COLO	IN LLC		
SUBJEC	.T:		ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please re	eturn all correspo	ndence concerning this matter t	to the following:		
		ESTEBANA JEREZ			
			Name of Person		
		JEREZ PROFESSIONAL	SERVICES LLC		
			Firm/Company		
		5840 S SEMORAN BLVD	SUITE 5840 C		
			Address		
		ORLANDO FL. 32822			
		City/State and Zip Code jerezprofessionalservices@gmail.com			
			o be used for future annual report notif	ication)	
For furth	er information c	oncerning this matter, please ca	ill:		
ESTEB	ANA JEREZ		407 757-0149 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed	f is a check for th	ne following amount:			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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 OF

2017 JUN 15 MM 2:54 SECRETARY OF STATE

KASA DE BELLEZA BY NAYDA COLON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{04/05/2016}{1}$ and assigned Florida document number 81-2140687 *L16000067837 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KASA DE BELLEZA BY US LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to define our records:	manage, enter the title, name, and address	of each person being added
MGR = N		Address Add	J
Title	<u>Name</u>	Address SECRETARY OF 2	54 Type of Action
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	Signature of a member of a member	
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Filing Fee: \$25.00