## LIL 000 103004

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400354772034

11/13/20--01013--013 ++38.

2020 NOV 12 AM 11:38

12/17/20 AA

## COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	Anna Esta	hetics L	LC:
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Siya Dyc.  Name of Person  Account	<u>_</u>
	1135 Pas	sadena ave	5, STE 105
	South, admino.	Pasadeng, City/State and Zip Code  tax He/p/23.  to be used for future annual repo	FL 33707 com
	E-mail address: ()	to be used for future annual repo	rt notification)
For further information ed	oncerning this matter, please ca	all:	
Anasta Name of	síya Dycus	at (	793 - 5419 Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	Street Addre	
Registration S		Registratio	
Division of Co	•		Corporations
P.O. Box 632			of Tallahassee

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)
were filed on $\frac{5/26/2016}{}$ and assigned
pility company here:
ility Company," the designation "L.C."  2020  2007  2017  20
address on our records, enter the name of the new reginal astronomy astronom

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 will 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 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.

If Changing Registered Agent. Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	Dolgov, Sergiy	8918 Bayand drive Tampa, FL 33626	□Add
	Sergiy	Tampa, FL 33626	/Remove
			□Add
			□Remove
			2020 hange F.
			NOV #2 AFT : 38 Change
			□Change □Add
· · ·			Remove
			□Change
			□ Add
			□Remove
			[]Change
			DAdd
			□Remove
			□Change

		<del></del>	
		<del></del>	
<del></del>			
		<del></del>	
	<u> </u>	20;	
		2020 <b>N</b> OV	
_		<u> </u>	-
		. <u>D</u>	1-
			ι.
		<del>2</del>	
_			
Note: If document	e date, if other than the date of filing:	will not be liste	d a
he record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The i.	e 90th day after	the
Dated	Nov 9 2020.  Coffina Doubs  Signature of a member of authorized representative of a member		
	Conna Doub		

Filing Fee: \$25.00