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J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ст:	Raine of Lin	hited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Blanc	Q Montilla Name of Person	
		Pradra	Acsthetics Firm/Company	
		420 E	Church St t	† 113
		<u>Orlanda</u>	City/State and Zip Code	<u> </u>
		O(GdO) E-mail address: (i	to be used for future annual report notific	cation) CO M
For furth	er information co	ncerning this matter, please ca	all:	
(Name of	Pérson 1001/10	at (407) Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
斌 \$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

(Name of the Limited Liability Compa (A Florida Limited L	ny as il now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number (1600) 1971 73	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. Prodro Brows & Beauty The new name must be distinguishable and contain the words "Limited Liabil	Bor UC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	920 East Church of #113 Oriomb F1 32001
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AHASSEE FLORID
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: BICYNCO New Registered Office Address: 3351	Maritile S Kukman di #521
· Orbital	Enter Florido street address Florida 32811 Cay Zip Code

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.

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action **Title** Address <u>Name</u> Bicca Montile □ Remove (* ☐ Change 3331 Shirbonn (d # SDI DAdd AMBR Diana framilla ☐ Remove ☐ Change Carol piamile ABBR Kirkmon rd HSDL Add ☐ Remove □ Change ☐ Add □ Remove ☐ Change □ Add Remove ☐ Change

The establishmen		change
to Produce Go	iows & Brauty	estretics By:
	•	
E. Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not in document's effective date on the Department of S	neet the applicable statutory filing requiremer State's records.	nts, this date will not be listed as the
If the record specifies a delayed effective of (b). The 90th day after the record is filed. Dated 100 20	STUT	.: 01 a.m. on the earlier of:
Boundary of a	nomber of authorized representative of a member	TASECR J
Bianco	Typed or printed name of signee-	W-5 PH
	Page 3 of 3	31A: 1081E

Filing Fee: \$25.00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)