L17000173905

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DATE:

7/13/23

NAME: PATT BEAUTY BLUSH, LLC

TYPE OF FILING: AMENEMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	tistration Section Section of Corp			
SUBJECT:	PATT BEA	AUTY BLUSH, LLC		
Solone I.		Name of Limi	ited Liability Company	
The enclosed	f Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		ALEXANDRA MANOSA	LVAS	
			Name of Person	
		SARIOL BUSINESS GRO	DUP, LLC	
			Firm/Company	
		8200 NW 41ST STREET.	SUITE 315	
			Address	
		DORAL, FLORIDA 33166	6	
		legal@bigpllc.com	City/State and Zip Code	
			to be used for future annual report not	tification)
For further is	nformation co	oncerning this matter, please co	all:	
ALEXAND	RA MANOS	ALVAS	786 625-7632 at ()	
-	Name of	Person	at ()	ne Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	Filing Fec	□ \$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 Compan	e us it now appears on our records)	
(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L17000173905	were filed on <u>08/15/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	2023
		· .
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the a	bbreviation "L.I.'.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		٥
		.:i
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	familiar with and , if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHEAZ GUERRERO, JHON R	17171 PINES BLV	⊟ Add
		PEMBROKE PINES, FL 33027	□ Remove
		<u></u>	Change
			Add
			☐ Remove
			☐ Change
			Add
	 	☐ Remove	
			Change
			Remove
			Change
		Add	
		□ Remove	
			Change
			□ Add
		<u></u>	Remove
			Change

······································	r information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
-	
	
	
	<u> </u>
Note: If the date inserte	than the date of filing:
	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier our the record is filed.
Dated	2023
	Signature of a member or authorized representative of a member
	LUCERO PARRA GARCIA

Page 3 of 3

Filing Fee: \$25.00