

L17000242278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

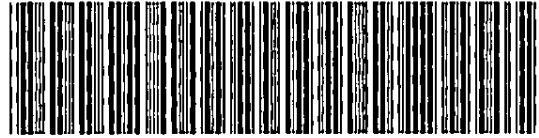
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000369184150

07/15/21--01021--020 **55.00

FILED

2021 SEP 11 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FL

US
9/11/21 ✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2021

PETRICE ROSS
972 SW 113TH TER
PEMBROKE PINES, FL 33025

SUBJECT: KANVAS BEAUTY COSMETICS, LLC
Ref. Number: L17000242278

We have received your document for KANVAS BEAUTY COSMETICS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 621A00018312

RECEIVED
AUG 25 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kanvas Beauty Cosmetics
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Petrice Ross
Name of Person

Firm/Company

972 SW 113th ter pembroke pi
Address

Pembroke pines FL 33029
City/State and Zip Code

mandisarossmua@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Petrice Ross at (754) 252 6286
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 SEP 11 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Kanvas Beauty Cosmetics

(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 4-7-2021 and assigned
Florida document number 117000242278

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cilia Beauty 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)

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

City

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.

P. Doe

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
2022 SEP 14 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 11 PM 1
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 SEP 11 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FL

September 1st

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 18th 2021

PRZ

Signature of a member or authorized representative of a member

Petrice Ross

Typed or printed name of signee

Filing Fee: \$25.00