

L18000034714

(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



000314497620

06/14/18--01015--014 ♦♦25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JUN 14 PM 12:16

JLS
06-14-18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aroma2Beauty LLC

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:

Mikhail Guseynov

Name of Person

Firm/Company

2800 Palmwood Terrace Apt. P221

Address

Boca Raton FL 33431

City/State and Zip Code

general@bemilamu.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mikhail Guseynov

734 604-2846
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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>
MGR	Michael Silverberg	c/o DVM Global Services, Inc.	<input checked="" type="checkbox"/> Add
		4400 N Federal Highway Ste 210	<input type="checkbox"/> Remove
		Boca Raton FL 33431	<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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 14 PM 2:16

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JUN 14 PM 2:16

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

- (b) The 90th day after the record is filed.

Dated

May 15, 2018

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Mikhail M Guseynov
Typed or printed name of signee

Typed or printed name of signer