Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000332561 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060 Phone : (407)674-8969

Fax Number : (407)674-8970

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DI MILESI NATURAL HAIR LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF DI MILESI NATURAL HAIR LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 03/07/2018 and assigned Florida document number.
Florida document number: L18000060239. EIN Number: 82-4808412
Article I
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Article II  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS
me. 🚆
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
Article IV
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: US TAX CONSULTING INC
New Registered Office Address: 5401 S. KIRKMAN RD SUITE 135 ORLANDO FL 32819
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

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

Title	Name	Address	Type of Action	1
AMBR	MILESI DA CUNHA, GLEICE	2225 NE 123rd ST	REMOVE	
		NORTH MIAMI, FL 33181	AOD	
AMBR	MILESI PEREIRA, LAIZ PAMELLA	2225 NE 123rd ST	REMOVE	
		NORTH MIAMI, FL 33181	ADD	
AMBR	IZAHIAS GUIDO, RUDAN	2225 NE 123rd ST	REMOVE	
		NORTH MIAMI, FL 33181	ADD	
AMBR	MILESI PEREIRA, LAIZ PAMELLA	2350 NE 135th ST, APT 402	REMOVE	
		NORTH MIAMI, FL 33181	ADD	-
AMBR	IZAHIAS GUIDO, RUDAN	2350 NE 135th ST, APT 402	REMOVE	
		NORTH MIAMI, FL 33181	ADD	

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

D. Ellective date, if other than the date of filing: (optional)	
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot	h
more than 90 days after the date this document is filed by the Florida Department of Spital	٥,

DATED: 09/07, 2021.

LAIZ PAMELLA MILESI PEREIRA / AMBR

SEP 20 AH 8: E