## L18000159703

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	NUS MICROBLADING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Pieter Wasung		
		Name of Person	
	PWDL Law, PLLC		
	<del></del>	Firm/Company	
	4000 Ponce de Leon Bivd.	Ste. 470	202 SEL 77
	<del>.</del>	Address	ACREI
	Coral Gables, FL 33146		2021 OCT 18 SECRETARYS TALLAHASS
	<del></del>	City/State and Zip Code	SSE P IN
	pwasung@pwdllaw.com  E-mail address: (	to be used for future annual report notific	SET S N
For further information c	oncerning this matter, please c		anon) H
Pieter Wasung		954 234 7507	
Name o	f Person	at ()	elephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration Secti	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWVENUS MICROBLADING LLC		
(Name of the Limited Liability (A Florida L.	Company as it now appears on our records imited Liability Company)	<u>r)</u>
he Articles of Organization for this Limited Liability Cor	npany were filed on 06/29/2018	and assigned
lorida document number L18000159703		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
LDA SILVA GROUP LLC		
ne new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abhreviating "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	8
		<u> </u>
		ST ST
nter new mailing address, if applicable:		77.7
Mailing address MAY BE A POST OFFICE BOX		
		<del></del>
. If amending the registered agent and/or registered o	office address on our records, enter	the name of the new reg
ent and/or the new registered office address here:		
Name of New Registered Agent:	····	
New Registered Office Address:		
-1711-0710-4717-471-471-471-471-471-471-471-471-47	Enter Florida street address	3
	. Fla	orida
	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.

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
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ffective date, if other t an effective date is listed, the ote: If the date inserted ocument's effective date	e date must be specific an in this block does not	nd cannot be prior meet the appli	cable statutory fi	r more than 90 days		
record specifies a delayed	d effective date, but no	ot an effective	time, at 12:01 a.i	m, on the earlier o	f: (b) The	90th day after the
is fried.	Outline 0	2021				
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