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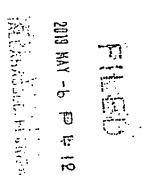
(Requestor's Name)
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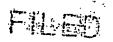
Div	ision of Cor	•	,		
SUBJECT:	BEAUTY S	SERVICES & COSMETICS U			
		Name of Limi	ted Liability Company		
The enclosed	l Articles of	Amendment and fec(s) are subt	mitted for filing		
			_		
Please return	all correspo	ndence concerning this matter t	to the following:		
		OSCAR BETANCUR			
		<u> </u>	Name of Person		
	BEAUTY SERVICES & COSMETICS UNLIMITED LLC				
	Firm/Company				
	650 NW 180TH TERRACE, STE 103				
			Address		
	PEMBROKE PINES FL 33029				
		·	City/State and Zip Code		
		Cavalinho2015@outlook.com	m	-	
		E-mail address: (t	o be used for future annual report notific	cation)	
For further in	nformation co	oncerning this matter, please ca	ill:		
OSCAR BE	TANCUR		305 934-7063		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BEAUTY SERVICES & COSMETICS UNLIMITED LLC

(Name of the Limited Liability Company as it now appears on our record 19 MAY -6	D.	4.5
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The Articles of Organization for this Limited Liability Comp.	any were filed on 07/23/2018	And assigned	
Florida document number L18000177188			
This amendment is submitted to amend the following:			
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 I.	iability 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	<u> </u>		
Enter new mailing address, if applicable:	650 NW 180TH TERRAG	CE	
	SUITE 103		
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES FL 33029		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our re <u>here</u> :	cords, enter the name of the nev	
Name of New Registered Agent:	<u>. </u>		
New Registered Office Address:	Enter Florida street	nddress	
		, 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.

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	OSCAR BETANCUR	650 NW 180TH TER STE 103 PEMBROKE PINES FL 33029	
			Remove
			≅ Change
MGR	LISANDRA VETTORETTI	650 NW 180TH TER STE 103 PEMBROKE PINES FL 33029	
			Remove
			⊟ Change
		-	
			Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet the	applicable statutory	(option or more than 90 days after fi filing requirements, this c	i al) ling.) Pursuant to 605.0207 (late will not be listed as t
the record specifies a dela The 90th day after the	eyed effective date, b record is filed.	ut not an effecti	ve time, at 12:01 a.	m. on the earlier of:
Dated MAY I	2019			
	/	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00