L19000028328

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
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COVER LETTER

	istration Sec ision of Corp					
ANT HIS TITLE YOU.	GABY RIZZ	O HAIR & MAKE UP LLC				
SUBJECT:		Name of Limit	ted Liability Company			
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspon	dence concerning this matter t	o the following:			
		Gabriela Nicole Rizzo Pe	na			
			Name of Person			
			Firm/Company			
		11011 sw 88th st Apt F3	15			
		Miami, Florida, 33176	Address			
		gabyrizzo89@gmail.com	City/State and Zip Code		,	ı
For further i	nformation co	E-mail address: (to	o be used for future annual report notifi	cation)	19173	1 6 2 2
Gabriela R	izzo		786 6065881			워크. 6건전
	Name of			Telephone Number	PM 4:	OF STAIL
Enclosed is \$25.00		e following amount: ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Sta Certified Copy	atus &	TIONS

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

GABY RIZZO HAIR & MAKE UP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Flo	orida Limited Liability	Company)		ં છે કુલ
The Articles of Organization for this Limited Liabilit Florida document number L19000028328	ty Company were	iled on <u>January 28, :</u>	2019	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability co	ompany here:		
GABY RIZZO HAIR & MAKEUP LLC				
The new name must be distinguishable and contain the words	"Limited Liability Con	ipany," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	:			
(Principal office address MUST BE A STREET AL	DDRESS)		<u> </u>	<u>.</u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	0			
B. If amending the registered agent and/or registered agent and/or the new registered office and agent and agent and/or the new registered office and agent and/or the new registered office and agent and/or registered agent		ddress on our reco	ords, <u>enter th</u>	e name of the nev
New Registered Office Address:		Enter Florida street aa	ddeave	<u></u>
_			, Florida	Zip Code
New Registered Agent's Signature, if changing Regist		•		zap come
I hereby accept the appointment as registered agreewisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the registere company has been notified in writing of this change.	ent and agree to o nd complete perfo ed agent as provia stered office addro	rmance of my duties led for in Chapter 60	s, and I am fan 05, F.S. Or, if	niliar with and this document is

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>	Type of Action
MGR	GABRIELA NICOLE RIZZO PENA	11011 SW 88TH ST APT F315, Miami, FI, 33176	_ _ Add
			Remove
			Change
			Remove
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(If an e Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	February 6, 2019
-	
	Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00