L19000040815

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Becament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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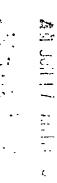
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06/17/19--01/20 -010 **25.00





COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Miami Bea	uty Suites LLC		, iso
30bJEC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	· · · · · · · · · · · · · · · · · · ·
Please return all correspo	ondence concerning this matter	to the following:	
	Cristina De Oliveira, Esq.		• •
	The Law Office of Cristina	Name of Person a De Oliveira, P.A.	
	2332 Galiano St 2nd floor	Firm/Company	
	Coral Gables, Fl 33134	Address	
	cdeoliveira@lawcdo.com	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please ca	to be used for future annual report noti all:	fication)
Cristina De Oliveira		305 461-1660	
Name o	of Person		e Telephone Number
Enclosed is a check for t	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)
Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI BEAUTY SUITES LLC

company has been notified in writing of this change.

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

The Articles of Organization for this Limited I	Liability Company we	ere filed on 2/11/19	and assigned
Florida document number L19000040815			٠٠, ٠
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability	v company here:	
The new name must be distinguishable and contain the	words "Limited Liability (Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable: _		
(Principal office address MUST BE A STRE	ET ADDRESS)	···	
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	<u> </u>		
	-		
B. If amending the registered agent and registered agent and/or the new registered of		e address on our re	cords, enter the name of the new
Name of New Registered Agent:	Giovanni Antonio	Soriente	
New Registered Office Address:	11402 NW 41 Stre	et Suite 216	
	Enter Florida street address		
	Doral		_, Florida 33178 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete per	rformance of my duti	es, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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	Daniel Arocha	7541 NW 114 Path	
		Doral, FL 33178	
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			Change
			☐ Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffecti	ve date, if other than the date of filing: (optional)
an effi lote:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e rec The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated .	June 6 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00