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## **COVER LETTER**

UBJECT:	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:	
	LUIS R. SMITH		
		Name of Person	
	TAXES USA LLC		
		Firm/Company	<del></del>
	11402 NW 41ST STREET	SUITE 211	
		Address	
	DORAL, FL 33178		
		City/State and Zip Code	
	INFO@TAXESUSAMIAM	II.COM	
	E-mail address: (	to be used for future annual report notif	lication)
For further information of	concerning this matter, please c	all:	
LUIS R. SMITH		305 470-2429 at ()	
Name o	f Person	Area Code Daytime	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)

TO:

**Registration Section Division of Corporations** 

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

23/3 500 10 PH 5:55

MIAMI BEAUTY SUITES LLC

(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 Liability Company villation of Company villatio	were filed on 02/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Eq. Clatt
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60	and I am familiar with and 5, F.S. Or, if 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>	Address	Type of Action
MGR	MARIO SORIENTE	11402 NW 41ST STREET SUITE 218	<b>=</b> Add
		DORAL, FL 33178	□Remove
			□ Change
MGR	MIRTHA MORILLO CEDRON	6458 NW 113PL	□Add
		DORAL, FL 33178	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change

Effective date, if other than the date of filing:
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he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.
Dated JANUARY 20 . 2020 .
Signature of a member or authorized representative of a member
GIOVANNI ANTONIO SORIENTE  Typed or printed name of signee