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COVER LETTER

TO:

Registration Section

Division of Corp	orations				
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SUBJECT: SMAL	Name of Lim	CORPORATE HOW	MOZ CEC		
		,,			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspor	idence concerning this matter	to the following:			
	MIKELE	ABOITIZ EARLE			
		ABOITIZ EARCE Name of Person	 		
	SMART	AESTHETILS LLC Firm/Company			
		типисоприну			
	736 AN	NASTASIA AVE			
		Address			
	C~201	CARIFI TO 2	2 i 2 ii		
	COICAC	6ABLEJ FL 3. City/State and Zip Code	3134		
	MIKELE. A	BOITIZE GMAIL U	om		
	E-mail address: (301712@GMAIL. Uto be used for future annual report notifi	cation)		
For further information co	ncerning this matter, please ca	all:			
MIKELE ABO	ITIZ EARLE	at (<u>305</u>) <u>968</u> 7 Area Code Daytime	1867		
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee.		
	Certificate of Status	Certified Copy (additional copy (s enclosed)	Certificate of Status & Certified Copy		
		(Antitional Top)	(additional copy is enclosed)		
Mailing Address:		Street Address:	ion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327	7	The Centre of Ta	Hahassee		
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ETILS COEPORATE HOLDINGS L iability Company as it now appears on our records.) lorida Limited Liability Company)	LC	
The Articles of Organization for this Limited Liability Florida document number <u>L19 0000 492</u>	· · · · · · · · · · · · · · · · · · ·	and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words	· · · · · · · · · · · · · · · · · · ·	abbreviation "L.L.C,"	_
Enter new principal offices address, if applicable			_
(Principal office address MUST BE A STREET AI	DDRESS)		_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX	Ω		_
B. If amending the registered agent and/or regist agent and/or the new registered office address he		me of the flew regist	_ tered
		, O	
Name of New Registered Agent:		<u> </u>	_
New Registered Office Address:			_
	Enter Florida street address	77. S:	
_	, Florida _	22	_
	Сиу	' 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JEANNINE HOURE	4100 SALZEDO ST APT&	<u>7</u> □∧dd
		COLAL GA BIES, FL 33146	K Remove
			□Change
MGR	GROGU LLC	7265 SW 93rd Ave.	Æ Add
		Suite 201	□Remove
		MIAMI, FL 33173	□Change
			DAdd
			□Remove
		-	□Change
			□Add
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te: If the date	other than the d listed, the date must be inserted in this blood ive date on the Dep	ck does not m	neet the applic	cable statuto	ng or more than ry filing requir	option (option) 90 days after filements, this d	al) ling.) Pursuant to late will not be	605.0201 listed as
cord specifies s filed.	a delayed effective	date, but not	an effective t	time, at 12:0	1 a.m. on the e	arlier of: (b)	The 90th day a	ifter the
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ed <u>Nov</u> e	mBOR 1st				intative of a mer			_