L19000059838

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COVER LETTER

Division of Cor						
	SWIMWEAR LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The analysed Articles of	Amendment and fee(s) are sub	mitted for filing				
	indence concerning this matter					
riease return an correspo	indence concerning this matter	to the ronowing.				
	LASMARYS PEREZ GO	NZALEZ				
		Name of Person				
		Firm/Company				
	5745 SW 154 CT	, <i>,,,,,</i> ,				
		Address				
	MIAMI FL 33193			; ;	2024 (
	LASMY0322@GMAIL.CC	City/State and Zip Code		1	2024 001 -9	į
	•	to be used for future annual report noti	fication)	•	<u> </u>	•
For further information c	oncerning this matter, please c	all:			AN 9: 43	*
LASMARYS PEREZ G	ONZALEZ	305 608-091 at ()			<u> </u>	
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for th	ne 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 Filit Certificate Certified C (additional ec	of Status opy		
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction			
Division of C	orporations	Division of Cor	porations			
P.O. Box 632	7	The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BESEXY SWIMWEAR LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) iability (ompany)	
The Articles of Organization for this Limited Liability Company	were filed on 03/01/2019	and assigned
Florida document number L19000059838		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
GLAMOROUS NAILS BY LASMY, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "Ll C" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 2
(Principal office address MUST BE A STREET ADDRESS)		274
Trincipal office data cas provide the prov		
		5
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		(D)
		
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>enter th</u>	e name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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			
			□Remove			
			□Change			
			□Add			
			□Remove			
			□∧ <u>₽</u>			
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record spe The 90th da	cifies a delaye y after the re	ed effective cord is filed	date, but n	ot an effecti	ve time, at 12	2:01 a.m. on	the earlier c
nted	y after the re	gth	. <u>202</u> +	·			
			رس				
		Signature of a	mumber or aut	horized represent	ative of a member		

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