

L19000173884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

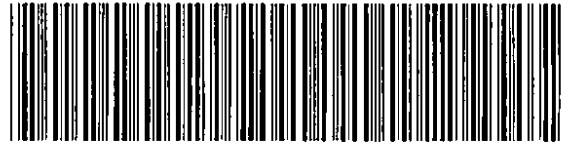
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name change completed on  
4-9-25. Document filed as  
amendment - m malone

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400448726264

ORIGINAL FILED IN 400448726264

2025 APR 15 PM 5:58

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OH MY BROWS MIAMI, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULA SALAMANCA

Name of Person

PERMAESTHETICS

Firm/Company

10420 SW 138TH ST

Address

MIAMI, FL 33176

City/State and Zip Code

PERMAESTHETICSMIAMI@GMAIL.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA SALAMANCA

Name of Person

at ( 305 ) 209-3669

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**OH MY BROWS MIAMI, 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 were filed on 07/03/2019 and assigned  
Florida document number L19000173884.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PERMAESTHETICS LLC

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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

PAULA SALAMANCA

New Registered Office Address:

10420 SW 138 ST

*Enter Florida street address*

MIAMI

*City*

Florida 33176

*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 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>	<u>Type of Action</u>
MGR	PAULA SALAMANCA	10420 SW 138 ST MIAMI FL 33176	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA PAULA GUTIERREZ		<input type="checkbox"/> Add
		10420 SW 138 ST MIAMI FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I MARIA PAULA GUTIERREZ, OWNER OF THIS LLC, HAVE COMPLETED A LEGAL NAME CHANGE  
TO PAULA SALAMANCA. THEREFORE, I AM UPDATING THE AUTHORIZED PERSONS BY  
REMOVING MY OLD NAME AND ADDING MY NEW LEGAL NAME AS WELL AS CHANGING THE  
LEGAL LLC NAME FROM OH MY BROWS MIAMI LLC TO PERMAESTHETICS LLC.

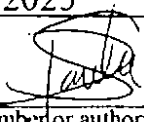
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated MARCH 20TH, 2025



Signature of a member or authorized representative of a member

PAULA SALAMANCA

Typed or printed name of signer

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