## L19000229736

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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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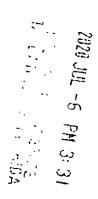
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## **COVER LETTER**

TO:

TO: Registration So Division of Cor					
	ASHION LLC				
SUBJECT:  Name of Limited 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:			
	ANDRES SANCHO				
Name of Person					
	TAX DOT COM INC				
Firm/Company					
2393 S CONGRESS AVE STE 103					
		Address	2029 JUL -6		
WEST PALM BEACH, FL 33406					
		City/State and Zip Code	: 5		
	andres.sancho@gmail.com				
	E-mail address: (	to be used for future annual report notification	i)		
For further information c	oncerning this matter, please co	all:	) ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (		
ANDRES SANCHO		561 389 - 8529 at ()	3-		
Name o	f Person	Area Code Daytime Telep	hone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration Section			
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallah	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SA&SO FASHION LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/11/2019	and assigned
Florida document number 1.19000229736	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
SA&SO ESTHETIC LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		926 JU
Principal office address MUST BE A STREET ADDR.	ESS)	. —
		か
		T .
Enter new mailing address, if applicable:		<u>ယ့</u> လ
(Mailing address MAY BE A POST OFFICE BOX)		122
Stating waters will be in the order of the body		
B. If amending the registered agent and/or registered	office address on our records, enter	the name of the new regis
agent and/or the new registered office address here:		•
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres	33
	F:	orida
	City	orida 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>	Address	Type of Action
			□ Remove
			□Change
			□Remove
			☐ Change
			L □ Add
			⊋ ☐Remove
			- <u> </u>
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