## L19000231827

| (Re                     | questor's Name)   | <del></del> |
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| (Cit                    | ry/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## COVER LETTER

| Sinel Body      | & Beauty, LLC  |  |  |
|-----------------|--|--|--|
|                 |  | ted Liability Company  |  |
|                 |  |  |  |
| d Articles of A | Amendment and fee(s) are subr  | mitted for filing.   |  |
| n all correspor | ndence concerning this matter t  | to the following:  |  |
|                 | Liseth A. Lenis  |  |  |
|                 |  | Name of Person   |  |
|                 | Sinel Body & Beauty, LLC   |  |  |
|                 |  | Firm/Company   |  |
|                 | 482 N. Pin Oak Pl. Apt 210   | )  |  |
|                 |  | Address  |  |
|                 | Longwood, FL 32779   |  |  |
|                 |  | City/State and Zip Code  |  |
|                 | • • •  |  |  |
|                 | E-mail address: (t   | to be used for future annual report notif  | ication)   |
| nformation co   | oncerning this matter, please ca   | all:   |  |
| enis            |  | 407 353-0263   |  |
| Name of         | Person   | Area Code Daytime  | e Telephone Number   |
| a check for th  | e following amount:  |  |  |
| Filing Fee      | □ \$30.00 Filing Fee & Certificate of Status                             | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)  | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)   |
|                 | sinel Body of Articles of An all correspondents  Name of a check for the | Sinel Body & Beauty, LLC  Name of Limit of Articles of Amendment and fee(s) are substituted all correspondence concerning this matter of Liseth A. Lenis  Liseth A. Lenis  Sinel Body & Beauty, LLC  482 N. Pin Oak Pl. Apt 210  Longwood, Fl. 32779  sinelbodyandbeauty@gmail | Sinel Body & Beauty, LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  at all correspondence concerning this matter to the following:  Liseth A. Lenis  Name of Person  Sinel Body & Beauty, LLC  Firm/Company  482 N. Pin Oak Pl. Apt 210  Address  Longwood, Fl. 32779  City/State and Zip Code sinelbodyandbeauty@gmail.com  E-mail address: (to be used for future annual report notifut formation concerning this matter, please call:  enis  Name of Person  Area Code  Daytime  a check for the following amount:  Filing Fee  \$55.00 Filing Fee & Certificate of Status  Certified Copy |

MAILING ADDRESS:

•

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

کی: پر

| Sinel Body & Beauty, LLC   |  |                        | 2915 [ 0 T - 7 P P F 4: 4: |
|--|--|------------------------|----------------------------|
| (Name of the Limited Liability C<br>(A Florida Lin   | ompany as it now appears<br>nited Liability Company) | on our records.)       |                            |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L19000231827</u>        | pany were filed on <u>C</u>                          | 9/13/19                | and assigned               |
| This amendment is submitted to amend the following:  |  |                        |                            |
| A. If amending name, enter the new name of the limited   | l liability company her                              | <u>e</u> :             |                            |
| The new name must be distinguishable and contain the words "Limited  | Liability Company," the des                          | signation "LLC" or t   | he abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |  |                        |                            |
| (Principal office address MUST BE A STREET ADDRES  | <u>(3)</u>   |                        |                            |
|  |  | <del></del>            |                            |
| Enter new mailing address, if applicable:  |  |                        |                            |
| (Mailing address MAY BE A POST OFFICE BOX)   | -  |                        |                            |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office address on<br>s here:                      | our records, <u>en</u> | iter the name of the new   |
| Name of New Registered Agent:  | <del></del> -  | <del></del>            |                            |
| New Registered Office Address:   |  |                        |                            |
|  | Enter Floria   | la street address      |                            |
|  | City   | , Florid:              | Zip Code                   |
| Now Desirated Asset's Construe if shanning Desirated A   | •  |                        | zip Code                   |
| New Registered Agent's Signature, if changing Registered A   |  |                        | 4. (4.1.4)                 |

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 |
|--------------|-----------------|--|----------------|
| AMBR         | Liseth A. Lenis | 482 N. Pin Oak Pl. Apt 210<br>Longwood, Fl 32779 | ■ Add          |
|              |                 |  | □ Remove       |
|              |                 |  | ☐ Change       |
|              |                 |  |                |
|              |                 |  | Remove         |
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| -   |   |  | <u> </u>                  |                                 |                                      |
|   |   |  |                           |                                 |                                      |
| Effective date, if other the fan effective date is listed, the Note: If the date inserted is locument's effective date of | date must be specific and a<br>n this block does not me | cannot be prior to<br>set the applicab | date of filing or more th | an 90 days after filing.) Pursi | uant to 605.0207<br>tot be listed as |
| e record specifies a c<br>The 90th day after t  |   | ate, but not                           | an effective time         | at 12:01 a.m. on th             | ne earlier o                         |
| October 4th   |   | 2019                                   |                           |                                 |                                      |
|   |   |  | 1                         |                                 |                                      |
|   |   |  |                           |                                 |                                      |

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Typed or printed name of signee

Filing Fee: \$25.00