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S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sonya Beauty LLC Name of Limited Liability Company
and the state of Amondment and fee(s) are submitted for filing.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alina Sulga Name Of Person
Firm/Company
19830 W Dixie HWY, apt 5207
Miami, FL 33180 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (407) 800 - 5942  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sqrt{1}\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sonya Bear	ity LL	<u> </u>	*:,	<u> </u>
Vame of the Limited (A	Liability Company as it r Florida Limited Liability (	iow appears on our r Company)	ecords.	
The Articles of Organization for this Limited Liab		led on $\sqrt{Q/2}$	3/19	and assigned 7
This amendment is submitted to amend the follow	/ing:			· <b>三</b>
A. If amending name, enter the new name of t	he limited liability co	mpany here:		
			<u></u>	
The new name must be distinguishable and contain the wor	ds "Limited Liability Com	pany." the designation	"LLC" or the ab	breviation "L.1C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			
		<del></del>	·	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office addres here:	s on our records, 9	enter the nam	e of the new registered
Name of New Registered Agent:	Harina	Fuller		
New Registered Office Address:	19830 W D	Enter Florida street	aut 52	<u> </u>
	<u>Miami</u>	ty.	_, Florida	3 3 180 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
NGR	Alina Sulga	19830 W Dixie HWY	□Add
		apt 5207, FL Miami, El	Remove
		33180	□Change
MGR	Maring Fuller	19830 W Dixie HWY	MAdd
	·	apt 5207, Miami, FL	Remove
		33180	□ Change
			□Add
			□Remove
			□Change
			□Add
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Moctive date	if other than the date of l	īling:	c c i	(optional)	) Pursuant to 605.02
fan effective dat	is listed, the date thus be specific	not meet the applicable	ate of filing or more ut a statutory filing req	irements, this date	will not be listed
Note: If the da document's eff	ctive date on the Department	of State's records.			
				a as m	noch dan often t
e record specifi	s a delayed effective date, bu	a not an effective time	, at 12:01 a.m. on th	e earlier of: (b) 11	ie aom gay arter r
nd is filed.					
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Dated <u>Au</u>	Just 7th	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>			
		Alle			
	Signatur	of a member or authoriz	zed representative of a	member	
			Sulga name of signor		

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