

L19000266602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

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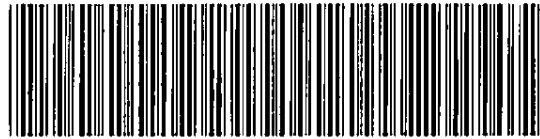
Incorrect Form

W24000037494

SUFFIX

Sent by email 3/7/24

Office Use Only



800421882458

01/16/24--01037--013 \*\*43.75

FILED  
2024 MAR -7 AM 6:46  
FBI

113

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Destini Miller 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:

Destini Miller  
Name of Person

Firm/Company

17501 NE 1st Ct.  
Address

N. Miami Beach, FL 33162  
City/State and Zip Code

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

For further information concerning this matter, please call:

Destini Miller at (754) 226-6040  
Name of Person 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

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

**FILED**

Destini Miller LLC

~~(Same of the Limited Liability Company as it now appears on our records.)~~  
(A Florida Limited Liability Company)

2024 MAR -7 AM 6:46

The Articles of Organization for this Limited Liability Company were filed on 10/24/2019 and assigned  
Florida document number L19000266602

This amendment is submitted to amend the following:

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

Saucey Aesthetics 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)**

2301 palm ave  
Suite 102  
Miramar, FL 33025

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated 02/12/2024, \_\_\_\_\_

Destini Miller  
Typed or printed name of signer



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2024

DESTUBU MILLER  
17501 NE 1ST CT  
NORTH MIAMI, FL 33162

SUBJECT: DESTINI MILLER LLC  
Ref. Number: L19000266602

We have received your document for DESTINI MILLER LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

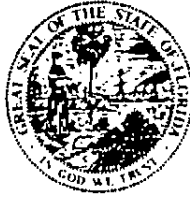
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 924A00002347



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2024

DESTINI MILLER  
17501 NE 1ST CT.  
N. MIAMI BEACH, FL 33162

SUBJECT: DESTINI MILLER LLC  
Ref. Number: L19000266602

We have received your document for DESTINI MILLER LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 124A00004966