

L19000297753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

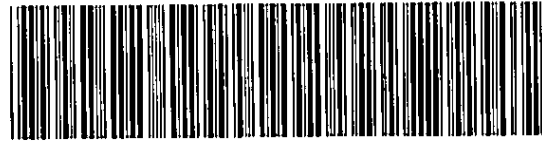
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

OCT 06 2020

COVER LETTER

Registration Section
Division of Corporations

GIOVANNA MEZA ESTHETICIAN 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:

Jose Villafana

Name of Person

Jose J Villafana PLLC

Firm/Company

3124 Montserrat place

Address

Kissimmee, Florida 34743

City/State and Zip Code

realtor@josevillafana.com

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

For further information concerning this matter, please call:

Jose Villafana

407

705-8014

at ()

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**

GIOVANNA MEZA ESTHETICIAN 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 12/05/2019 and assigned
Florida document number L19000297753

This amendment is submitted to amend the following:

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

Giovanna Guanipa Esthetician 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)

3221 BEARCLAW WAY

KISSIMMEE, FL 34746 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3221 BEARCLAW WAY

KISSIMMEE, FL 34746 US

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KISSIMMEE, FL

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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:

Francisco J Guanipa Navarro

New Registered Office Address:

3221 BEARCLAW WAY

Enter Florida street address

KISSIMMEE

City

Florida 34746

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> |
|--------------|-----------------------------|------------------------|--|
| AMBR | Francisco J Guanipa Navarro | 3221 BEARCLAW WAY | <input checked="" type="checkbox"/> Add |
| | | KISSIMMEE, FL 34746 US | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | GIOVANNA B MEZA SAMANIE | 3221 BEARCLAW WAY | <input type="checkbox"/> Add |
| | | KISSIMMEE, FL 34746 US | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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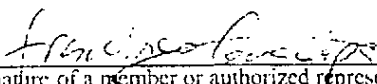
E. Effective date, if other than the date of filing: 7/15/2020 (optional)

(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 July 28th 2020


Signature of a member or authorized representative of a member

Francisco J Guanipa Navarro

Typed or printed name of signer

Filing Fee: \$25.00