

L2000004728
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
7876

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To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : UNION HSA LLC
Account Number : I20150000070
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIM MARKETING LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

JAN 07 2022

S. PRATHER



January 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SIM MARKETING LLC
8661 MIRALAGO WAY
PARKLAND, FL 33076US

SUBJECT: SIM MARKETING LLC
REF: L20000047876

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

→ You failed to sign in the space provided on the form.

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

Irene Albritton
Regulatory Specialist III

FAX Aud. #: H22000004728
Letter Number: 622A00000418

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

SIM MARKETING LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/11/2020 and assigned
Florida document number L20000047876.

This amendment is submitted to amend the following:

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

Studio JW Beauty 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)

387 SE 1st Drive

Deerfield Beach, FL 33441

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

387 SE 1st Drive

Deerfield Beach, FL 33441

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:

387 SE 1st Drive

Enter Florida street address

Deerfield Beach

Florida 33441

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

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>
MGR	Ribeiro Roque, Marcia Barrel	387 SE 1st Drive	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

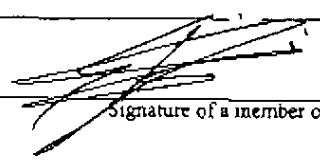
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 January 4, 2022



Signature of a member or authorized representative of a member

Sueely Oliveira - Designee Appointee

Typed or printed name of signee

SECRETARY OF STATE
FALL HASSELL, FLORIDA

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Filing Fee: \$25.00