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04/19/21--01015--005 **25.00

21 AFR 19 PH 1: 30

COVER LETTER

Division of Cor	porations		
SUBJECT: BCO.	Hiful Creatic Name of Lin	ins hair & nails	<u>LLS</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	indence concerning this matter	_	
	Jussel	ESIQUEZ Name of Person	
		Firm/Company	
	10630 5	US federal Hu	ey I
		City/State and Zip Code OCZ @ S M Q i 1 C o M to be used for future annual report notifi	
For further information co	oncerning this matter, please ca	·	
YUSSEL ES	Person	at (772) 400-7 Area Code Daytime	7913 Telephone Number
Enclosed is a check for the	e 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)

TO:

Registration Section

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 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AND SOME SUBJECT AND SO

21 APR 19 PM 1:30

DEMOTIFUL CLEUTICLE	b hairenails	CLC
(Name of the Limited Liability Con (A Florida Limit	nd Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2000</u> 072872	,	
Torna socialization in the social soc		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" 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)		
	 	
B. If amending the registered agent and/or registered office	address on our records, ente	er the name of the new registered
agent and/or the new registered office address here:	, 	The state of the s
Name of New Registered Agent:		
New Registered Office Address:		
the state of the s	Enter Florida street addr	ess.
	.	.
	City	Torida

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

21 APR 19 PH 1:30

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00

To whom it may concern,

The reason of the change is to vocame a sole ownership, by removing Yudelhis Estevez.

YUSSEL ESTEUEZ