

L20000073518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

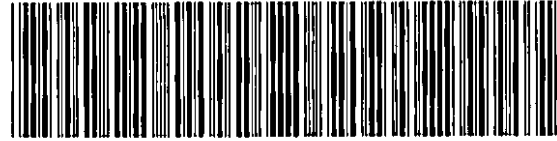
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/17/20--01005--007 **25.00

20 MAR 18 PM 1:11

FILED

20 MAR 16 - 5:45

MAR 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Solution Beauty LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing

Please return all correspondence concerning this matter to the following:

Felix Mosquera Pinto
Name of Person

One Solution Beauty LLC
Firm/Company

1299 W 7th St
Address

Hiawatha FL 33014
City/State and Zip Code

Jessicacollazos12@Tideod.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Collazos at (786) 553-2517
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**

One Solution Beauty 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 3/5/20 and assigned Florida document number L20000073518

This amendment is submitted to amend the following:

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

The new name must be distinct, available 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)

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 602, 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 an Existing 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>
<u>MGR</u>	<u>Santiago Felix</u>	<u>1299 W 76th St</u>	☐ Add
		<u>Hialeah, FL 33014</u>	☒ Remove
			☐ Change
<u>MGR</u>	<u>Felix Mosquera Pinto</u>	<u>1299 W 76th St</u>	☒ Add
		<u>Hialeah, FL 33014</u>	☐ Remove
			☐ Change
			☐ Add
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2018
FEB 18
1:11 PM
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2016/08/18 PM 12:11

20 Mar 18 PM 1:11

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(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 40 CFR 207.10(b)

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

3/16/20

20



Signature of a member or author

Signature of a member or authorized representative of a member

Felix Mosquera Pinto

Typed or printed name of signer

Filing Fee: \$25.00