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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	ACIAL CENTER LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	DANIEL O MANRIQUE		
		Name of Person	
	CARAS FACIAL CENTE	R LLC	
		Firm/Company	
	325 SADDLE RIDGE DR		Section Sorporations
		Address	
	DAVENPORT FL 33896		
		City/State and Zip Code	
	martha.patarroyo@taxcarei		
	E-mail address: (to be used for future annual report not	itication)
For further information e	oncerning this matter, please c	all:	
Daniel O Manrique		au 813 1 699 30	760
Name o	f Person		
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	petion
Division of C		Division of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

277 00 /11 9: 50 CARAS FACIAL CENTER 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 $\frac{3/16/2020}{1}$ and assigned Florida document number L20000083177 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 distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ___

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>	Address	Type of Action
MGMR	Manrique Daniel E	325 Saddle Ridge Dr	■Remove □Change □Add □Remove □Change □Add □Remove
		Davenport Fl 33896	70
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Tective date, if other than the an effective date is listed, the date in ote: If the date inserted in this beament's effective date on the	nust be specific and ca block does not med	mnot be prior to d et the applicable	ate of filing or more (ing.) Pursuant to 605.0	
record specifies a delayed effect is filed.	tive date, but not ar	reffective time.	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after t	he
March 25	,	2020				
<u>-</u>	Danie C	Monic	We			
	Signature of a me	mber or authorize	d representative of a	member		

Filing Fee: \$25.00