## Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068

Phone : (407)326-8484 Fax Number : (407)604-6519

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

Contact@medeirossouza.com Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BGO EYELASHES LLC**

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$30.00 |

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To:

## **COVER LETTER**

|           | Registration Se<br>Division of Cor |  |  |   |
|-----------|------------------------------------|--|--|---|
|           | BGO EYEL                           | LASHES LLC                                   |  |   |
| SUBJEC    | T:                                 | Name of Lim                                  | ited Liability Company   | <del></del>   |
|           |                                    | Amendment and fee(s) are sub                 | <del>-</del>   |   |
|           |                                    | Rubem Souza                                  |  |   |
|           |                                    |  | Name of Person   |   |
|           |                                    | Medeiros Souza corp                          |  |   |
|           |                                    |  | Firm/Company   | <del></del>   |
|           |                                    | 1711 Amazing Way, Ste 2                      | 13   |   |
| Address   |                                    |  |  |   |
|           |                                    | Ocuce, FL 34761                              |  |   |
|           |                                    | contact@inedeirossouza.coi                   | City/State and Zip Code  |   |
|           |                                    | =  | to be used for future annual report notifica                     | ition)  |
| For furth | er information co                  | oncerning this matter, please co             | all:   |   |
| Rubem S   | Souza                              |  | 407 326 - 8484   |   |
| _         | Name of                            | Person                                       | at ()<br>Area Code Daytime 1                                     | elephone Number   |
| Enclosed  | is a check for th                  | ne following amount:                         |  |   |
| □ \$25.0  | 00 Filing Fee                      | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|           | MailingAddress                     |  | <u>StreetAddress:</u><br>Registration Section                    | on  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| BGO EYELASHES LLC   |  |  |                               |  |                                 |
|---|--|--|-------------------------------|--|---------------------------------|
| (Name of the Lin  | nited Liability Comp<br>(A Florida Limited                     | iny as it now appears on our r<br>Liability Company) | ecords.)                      |  |                                 |
| The Articles of Organization for this Limited Florida document number 1.20000096652   | Liability Company  | were filed on $\frac{04/06/2020}{}$                  |                               | and assi   | igned                           |
| This amendment is submitted to amend the fo   | llowing:   |  |                               |  |                                 |
| A. If amending name, enter the new name   | of the limited liab  | oility company here:                                 |                               |  |                                 |
| BGO ATELIER LLC   |  |  |                               |  |                                 |
| The new name must be distinguishable and contain the  | words "Limited Liabi   | lity Company," the designation                       | "LLC" or the ah               | breviation 11.1                                      | c."                             |
| Enter new principal offices address, if appl  | icable:  |  |                               |  |                                 |
| (Principal office address MUST BE A STRE  | EET ADDRESS)   |  |                               |  |                                 |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address.)   | registered office  | address on our records, <u>e</u>                     | nter the nam                  | e of the new   | registered                      |
| Name of New Registered Agent:   | Medeiros Souz  | a Corp   |                               |  | ა<br>-                          |
| New Registered Office Address:  | 1711 Amazing Way, Ste 213                                      |  | Zā Al                         | 23 AI  |                                 |
|   |  | Enter Florida street a                               | detress                       | ं. त्रं<br>—   | ; -, <u>-</u>                   |
|   | Оснес  |  | . Florida <sup>343</sup>      | 761 W  | , <u>= }</u>                    |
|   | Cüy  |  |                               | Zip Code 🔾   | ; ; ; <u>;</u>                  |
| New Registered Agent's Signature, if changing   | Registered Agent:  |  |                               | ည်   | -                               |
| I hereby accept the appointment as register<br>provisions of all statutes relative to the pro-<br>accept the obligations of my position as reg-<br>being filed to merely reflect a change in the<br>company has been notified in writing of thi | per and complete<br>zistered agent as p<br>v registered office | performance of my dutie<br>provided for in Chapter 6 | s, and I am f<br>05, F.S. Or, | ree to co <b>ng</b><br>familiar with<br>if this docu | ly with the<br>h and<br>ment is |

If Changing Registered Agent, Signature of New Registered Agent

Page: 6 of 7

To.

2023-04-13 15:03:00 GMT

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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 = M $AMBR = M$ | lanager<br>Authorized Member |                                       | •              |
|--------------------|------------------------------|---------------------------------------|----------------|
| <u>Title</u>       | <u>Name</u>                  | Address                               | Type of Action |
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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 ocument's effective date on the | block does not meet the a    | ipplicable statutory fil | (optional)<br>more than 90 days after filing.) I<br>ing requirements, this date w | fursuant to 605,0207 (3<br>ill not be listed as the |
| record specifies a delayed effect<br>is filed  | tive date, but not an effect | tive time, at 12.01 a m  | on the earlier of (b). The  | Otth day after the                                  |
| ated Orlando   | 04/05/                       | 2023                     |   |   |
| ared   | ·                            | ·                        |   |   |
| 11 - 1-  |                              |                          |   |   |

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