# L26 000 118598

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=====,===,
(Document Number)
(======================================
Certified Copies Certificates of Status
Gertificates of Status
Special Instructions to Filing Officer:

Office Use Only



500349001965

07/27/20--01090--023 \*\*25.00

2620 JUL 27 AM 7: 13

SEP 1 5 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OSCIPLOS Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sirrore Metayer Name of Person
OSUN Beauties Firm/Company
1295 NE1183+ Address
Miami F. L 33161 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Simple Metayer at (796) 691-8021 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \Bigc

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

Sun Boauties L Name of the Limited Liability	Company as it now appears on o inited Liability Company)	ur records.)
[A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	npany were filed on <u>MoU</u>	1, 2020 and assigned
Florida document number 2000 18598		3 7
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	~,
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	Luce 7 arma si	, 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 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 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>	Name	Address	Type of Action
<u>CEO</u>	Simone Metaya	100 NE 162St Miami	□ Add
		F.1.33161	□Remove
			Change
<u>CEO</u>	Jessica Tousbaint	181 NW IInst	□Add
		Miani F.L 33168	□Remove
			Change
			🗆 Add
			□Remove
		<del>.</del>	
			□Add
			□Remove
			Change
	4/4		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

To whom !	this may con	ncern.		
I had alro			C0060 0	~ J
V- 1:2 +	Li Up		Corge C	111 C
Tralize T This is the	diguit hat	LEO 01 1	ompany.	
This is the	L Correct In	formation	ì	
				<del></del>
<del>-</del>		<del></del>	<del></del>	<del></del>
			<del></del>	<del></del>
			<del></del>	
	· · · · · · · · · · · · · · · · · · ·			
				<u>-</u>
<del>.</del>				
				<del></del>
				<del></del>
ve date, if other than the date must be attended is listed, the date must be attended in this block on the Department's effective date on the Department's	e specific and cannot be prior to da k does not meet the applicable	ite of filing or more than 6	(optional) O days after filing.) Pursuements, this date will n	unt to 605 ot be list
l specifies a delayed effective d ed.	ate, but not an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 90th	day afte
1/23/28	2520			
//		<del></del> ,		
4/11/1				
- YNG Sig	gnature of a member or authorized	I representative of a men	ber	