## L20 000121887

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

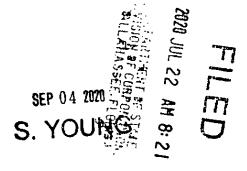
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## COVER LETTER

TO: pegistration		A . 4		i i i i i i i i i i i i i i i i i i i
SUBJECT:	one Bear	e of Limited Liability (	Sevevices Company	, LLC
	of Amendment and fee(s) spondence concerning this			
			20 hano of Person -4 & Se.v.	
			Company  Company  ddress	
		_	and Zip Code  Shart Comprehensive annual report notion	
	on concerning this matter,  A Rolland  The of Person		107) 202 Area Code Daytin	- 2743 ne Telephone Number
Enclosed is a check f	for the following amount: e	Status Cert	00 Filing Fee & tified Copy itional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina (d	drace		Street Address:	

Mailing Address:
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

<u> </u>	•	<b></b>
Moke Beauty & Se (Name of the Limited Liability Compan (A Florida Limited Li	in as it now appears on our records.) lability Company)	TILE DATE OF THE PORT OF THE P
The Articles of Organization for this Limited Liability Company	were filed on May 5, 20	20 no and assigned
Florida document number <u>L2000121887</u> .		2. 2. C
This amendment is submitted to amend the following:		w II
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1010 Vaquerio	LN
(Principal office address MUST BE A STREET ADDRESS)	1010 Vaquerco KSS.Hrec F	134741
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	_	
Name of New Registered Agent:	verina Roha	<u> </u>
New Registered Office Address: \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Vaqueno LN Enter Florida street address	
K, SSi	Enter Florida street address  Mhec , Florida	la 34741 Zip Code

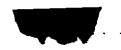
New Registered Agent's Signature, if changing Registered Agent:

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

Title	<u>Name</u>	Address	Type of Action
CEO	Seveninalloha	no 1010 Vaqueno La	□Add
		Kissihnee Fl 347	<u>∐</u> □Remove
			□Change
MGR	Espenanza Penez	1010 Vaquero (N	□Add
		KISSILMEC FI 34741	Kemove
			□Change
		<del>,</del>	□Add
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			☐ Change



<del></del> -		<del></del>
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reffect <u>te:</u> If	e date, if other than the date of filing:	iani to 605.020 iot be listed a
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d.	n day after the
.ed	July 16 2020.	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00