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SECRETARY OF STAND

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: PRYVING BEQUE	Lauture Bel Visage, Cosmetics
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Natacha	Name of Person
	Firm/Company
19821 NU	and Aug #433
Miami E	jardens, FL 33169
Delvisage E-malac	City/State and Zip Code 3030 COSMR+1CS & YOMOO COM Idress: (to be used for future annual report notification)
For further information concerning this matter, p	dease call:
Natacha Ilarion Name of Person	at (186) 489-3600 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
ZI \$25.00 Filing Fee S30.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	2021 SEP 15 PM 10: 001
beying beauty	arture bel Visage sasinetics of C.C.
(Name of the Life	(A Florida Limited Liability Company)
The Articles of Organization for this Limited	Liability Company were filed on 6-18-20-20 and assigned
Florida document number <u>LAOOO</u>	169270
This amendment is submitted to amend the fo	ollowing:
A. If amending name, enter the new name	of the limited liability company here:
The new name must be distinguishable and contain th	e words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
-	· · · · · ·
Enter new principal offices address, if app (Principal office address MUST BE A STRE	.
(Francipur office duaress MOST BE A STAL	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFIC	E BOX)
B. If amending the registered agent and/or	r registered office address on our records, enter the name of the new registered
agent and/or the new registered office add	
N. CN. D. C. LA	Valadin Tlavina
Name of New Registered Agent:	1000, 1100 2000 \$1122
New Registered Office Address	Enter Florida street address
	Micmi Gardens Florida 33/69
	City Zip Code
New Registered Apent's Signature if changing	Posictored Agents

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steve Ilarian	19821NW 2NC ALLE # 433 MIQUAL GRANCIENS, FL 33169	_ □Add _ □ Remove
<u>CEO</u>	Natacha Ilarion	1982 NW and Ave # 433 Monni Gavetens, FC 33169	□Change □Add ☑Remove
egisterect Agent	Steve Tlarion	19821 NW 2nd the #433 Hiami Gardens, FL 33169	_ □Change _ □Add _ ☑Remove
MGR	Natacha Ilarion	19821 NW 2001 Ave #433 High Gardens, FL 33169	_ □Change
			□Rепюче
			□ Change
			□ Add
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fective date, if other than the an effective date is listed, the date in ote: If the date inserted in this accument's effective date on the	just be specific and cann block does not meet t	the applicable statut	lling or more than 90 days	optional) after filing.) Pursuant to 605 , this date will not be liste	5,0207 (ed as t
ecord specifies a delayed effect is filed.	ive date, but not an e	ffective time, at 12:	01 a.m. on the earlier o	f: (b) The 90th day afte:	r the
ted	a	021			
Matacha	Signature of a memb	oer or authorized repre	sentative of a member		
		4			