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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations

CASSAS AESTHETICS LLC

.

SUBJECT:

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:

CINDY SANTIAGO

Name of Person

CASSAS AESTHETICS LLC

Firm/Company

2821 SW 73RD WAY APT 1814

Address

DAVIE FL 33314

City/State and Zip Code

CINDYGARCIA429@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 CINDY SANTIAGO
 305
 3222127

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Z4-Sep-

ep-2021	15:29	Fax			19545731480	TAL	202	p.4
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		((Name of the Limited Linblifty Compan (A Florida Limited Li	iy as (t now appears on our r ability Company)	ecords.)			
			or this Limited Liability Company v 0000188244	were filed on		and assi	gncd	
			o amend the following: the new name of the limited liabi	ity company here:				
The new nat	me must be	distinguishab	le and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbrev	iation "L.I.	C."	-
Enter nev	w princips	al offices a	ddress, if applicable:					
(Principa)	<u>l office ad</u>	dress MUS	<u>ST BE A STREET ADDRESS)</u>	·····				_
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P. If any	un dim ar the		t agent and/or registered office o		ntou the name of	' the nam	monist	- erod

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:	CINDY SAN'TIAGO	
New Registered Office Address:	2821 SW 73RD WAY APT 1814	1
<u>. </u>	Enter Flo	rida street address
	DAVIE	Florida 33314
	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 hability company has been notified in writing of this change.

Ζŀ 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>	Name	Address	Type of Action
MGR	CINDY SANTIAGO	2821 SW 73RD WAY APT 1814	🖸 Add
		DAVIE FL 33314	CRemove
			🗮 Change
<u> </u>			🗆 Add
			🗆 Remove
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	CINDY SANTIAGO	2021 Signature of a member or authorized representative of a member	SEERE HARY OF	2021 SEP 24 A	FILED
		Typed or printed name of signee	LORIDA	H 10: 56	