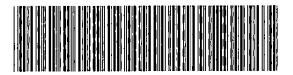
## L20000278617

(Requestor's Name)
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A. RIVERS MAY - 9 2023

## **COVER LETTER**

ΤΌ:

Registration Section

Division	of Corp	porations		
	YM SAI	ON &/LI-ESTHETIC,LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Artic	cles of I	Amendment and fee(s) are sub-	mitted for filing.	
Please return all co	orrespoi	ndence concerning this matter	to the following:	
		LILIAM MADELIN IGLE	SIAS IPSAN	
			Name of Person	
			Firm/Company	
		3390 SW 28 TERRACE		
			Address	
		MIAMI/FL/33133		
		liliamiglesiasipsan@gmail.c	City/State and Zip Code om	
		E-mail address: (	o be used for future annual report i	notification)
For further inform	ation co	neerning this matter, please ea	ill:	
Liliam M Iglesias	I		33133 786-4062	404
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a chee	k for the	e following amount:		
□ \$25.00 Filing	Fee	☐ \$30.00 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 A Registra			Street Address: Registration	
Division of Corporations		Division of Corporations		
P.O. Bo Tallaha		7 L 32314		f Tallahassee iroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LILYM SALON &/LI-ESTHETIC.LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Comparing document number <u>L20000278617</u> .	any were filed on LLC	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
E&LL BEAUTY SPA (E-LI-ESTHETIC), LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3390 SW 28 TERRACE, MIAN	MLFL 33133
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2023
		AR I
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	至
Name of New Registered Agent:		89 82 82 83 83 83 83 83 83 84 84 84 84 84 84 84 84 84 84 84 84 84
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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>	<u>Name</u>	Address	Type of Action
AMBR	ERLYM RODRIGUEZ IGLESIAS	3390 SW 28 TERRACE , MIAMI , FL 33133	■Add
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			Change
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ective date. if other than	the date of filing:	(	optional)
n effective date is listed, the date	must be specific and cannot be prior	r to date of filing or more than 90 days cable statutory filing requirement	after filing.) Pursuant to 605.0207 s. this date will not be listed as
	e Department of State's records		
	ctive date, but not an effective t	ime, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
is filed.			
MARZO 7	2023	/	
ted	· <del>/</del> ;		
	4/1	ent	
	Signature of a member or duth	norized representative of a member	
		,	
LILIAM MADELIN	/ - / - / - / - / - / - / - / - / - / -	,	

Filing Fee: \$25.00