L20000377186

(Red	questor's Name)
(Add	dress)
(Add	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu:	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
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JUN 0 5 2022 D COMMENT



RECEIVED

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

2022 MAY 10 AM 7:49

April 9, 2022

SECRLAMASSEC, FL

YUNILDA ROSARIO DE RAMIREZ 4475 WHISPERING PINES ROAD WEST PALM BEACH, FL 33406

SUBJECT: HALNATUR LLC Ref. Number: L20000377186

We have received your document for HALNATUR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 622A00008296

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Solution of Col			
HALNATU SU BJECT :	JR LLC		
SUBJECT:	Name of Lim		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yunilda Rosario de Ramin	cz.	
		Name of Person	
	Hainatur llc		
		Firm/Company	
	4475 whispering Pines roa	d	
		Address	
	West Palm Beach Fl 33406	5	
		City/State and Zip Code	
	rosarioubiera26@gmail.com	n to be used for future annual report notif	(cation)
For further information of	concerning this matter, please co	·	incation)
Yunilda Rosario de Ram	pirez	561 5074305	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Sec Division of Con	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALNATUR LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	y were filed on 12/02/2020	and assigned
Florida document number L20000377186		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
FEL PURE COSMETICS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	
Enter new principal offices address, if applicable:		2022 l
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		= 50
(Mailing address MAY BE A POST OFFICE BOX)		0
mading address MIT DE TITOST OF THE BOTY		1 10
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	TARRET A TOT THE CHI SEA COMME	
		loridaZip Code
	City	гір Соае

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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	☐ Change
			□ Add
			□Remove
			☐Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

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Effective	te, if other than the date of filing: (optional)
Note: If the	te, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier day after the record is filed.
Dated	/2022 , 11:13 pm
	Junilda Ra)
	Signature of a member or authorized representative of a member
	organization of a mornion of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00