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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		



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02/05/21--01023--007 **25.00

2021 FEB -5 PH 6: 26 SECRETARY OF STATE

Office Use Only

3/26/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Digz Beautiful Aesthetics 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:
Eduarda Dia MAYRA(E) Diaz
Diuz Beautiful Arsthetics
1021 N. 7/ tor
HOllywood FL 33 024 City/State and Zip Code
City/State and Zip Code City/State and Zip Code Vocket Mail. Com Vmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAYRA E. Diak at (786) 658 - 0327 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy tadditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Digz Beauth	Ed (A.	Estho-	2021 F	EB -5_PH 6: 26
(Name of the Limited (A	Liability Company V Florida Limited Lia	as it now appears of bility Company)	on our records.) TAL	ETARY OF STATE LAHASSEE, FI
The Articles of Organization for this Limited Liab	oility Company w	ere filed on	14/21	and assigned
Florida document number L 2100001	13702			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabilit	ty company here	:	
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the desi	gnation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicab			-	
(Principal office address MUST BE A STREET				
	-			
Enter new mailing address, if applicable:	-	<u> </u>		
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u> .			
	-			<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office add <u>here</u> :	dress on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida	street address	
		City	Florida	Zip Code
		Cuy		гір Сөде

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

<u>Title</u>	Name	Address	Type of Action
<u>AMBR</u>	Eduarda B Diuz	- 1021 N.7/ En	Add
		HLWd FC 33024	□Remove
			□Change
AMBR	Education B Die	t	□Add
			□Remove
			□Change
AMBR	MAYRA E DIAZ	1021 N.7/ton	Add
		HCWd F/ 33024	□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

lfan	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an e Note:	tive date, if other than the date of filing: February of 12021 (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Dated	February 2 . 2021.
10	Signature of a member or authorized representative of a member
	MAYRA E Diaz LEduarda Diaz Typed or printed name of signee

Filing Fee: \$25.00