La16000024574

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer;
	5/6/21

Office Use Only



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21 MAR 15 PM 4: 12

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lucky 75 Esthetics L.L.C. 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:
Britany Crorges Name of Ptrson Lucky 7s Esthetics Firm/Company 18350 NW 2 ave. SWITE # 312 Address Miami Cardens, 11 33169 City/State and Zip Code Lucky 2'sesthetics a yahpo.com E-mail address: (to be used for figure annual report notification)
For further information concerning this matter, please call:
Birtany Crorges at (305) 993-8284 Name of Person 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, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lucky 75 Esthel	fics L.L.C.	21 MAR 16 PM 4: 12
(Name of the Limited Liability (A Florida Li	Company as it now appears mited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Con	npany were filed on	11 2021 and assigned
Florida document number <u>L 2100024574</u>		1 1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	d Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
	•	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our re	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street address
	City	, Florida Zin Code
	~~,·	r ·

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		Figitible CF COMP CP Activity				
<u>Title</u>	<u>Name</u>	Address	21 MAR 1	6 PM 4: 12	Type of Action	
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effective date is listed, the e: If the date inserted	te date must be specific and in this block does not r	d cannot be prior to date meet the applicable st	of filing or more than atutory filing requi	n 90 days after filing.) Fements, this date v	Pursuant to 605.029 vill not be listed a
	on the Department of S				
cord specifies a delaye	d effective date, but no	t an effective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after th
filed.					
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-	Signature of a	member ir authorized r	epresentative of a m	ember	
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