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Office Use Only



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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
	LA AESTHETIC CENTER		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	NANCY M LIRANZO		
		Name of Person	
	ORABELLA AESTHETIC	C CENTER	
		Firm/Company	<del></del>
	14221 sw 130TH AVE		
		Address	
	MIAMI, FLORIDA 33186		
	NALIR4221@GMAIL.CO	City/State and Zip Code	
		to be used for future annual report not	ilication)
For further information c	oncerning this matter, please c	all:	
NANCY M LIRANZO		786 457-0634	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	<u>Street Address:</u> Registration Sc	
Division of C P.O. Box 632	•	Division of Co The Centre of 1	•
Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORABELLA AESTHETIC CENTER	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number 1.21000025169	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<del>.</del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	- 282
B. If amending the registered agent and/or registered office address on our records, enter the national and/or the national defend address bear.	me of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
	55
New Registered Office Address:  Enter Florida street address	
Linet Patrick Street activess	
. Florida	

#### 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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	NANCY M LIRANZO	14221 SW 130TH AVE	■Add
		MIAMI, FLORIDA 33186	□Remove
			[] Change
			🗀 Add
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Effective date, if other than if an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second secon	nis block does not m	reet the applicable s	e of thing or more man 36, tatutory filing requiren	) days after filing.) Pursuan nents, this date will not	be listed as t
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Note: If the date inserted in the document's effective date on the document's effective date of the	is block does not in he Department of Si	neet the applicable s tate's records. an effective time, a	tatutory filing requiren	nents, this date will not	be listed as t
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Filing Fee: \$25.00

Date of this notice: 02-01-2021

Employer Identification Number:

86-1809753

Form: SS-4

Number of this notice: CP 575 G

ORABELLA AESTHETIC CENTER LLC NANCY M LIRANZO SOLE MBR 14221 SW 130TH AVE MIAMI, FL 33186

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-1809753. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ORAB. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.