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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
UBJECT: Nu.Glam Mcdical, LLC. Name of Limited Liability Company
·· ·································
he enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Kaylee J. Herrera Name of Person
NUCILAM Medical LLC Finn/Company
14784 SW 715" Terrace
Miami, FL 33193 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Kaylee J. Herrera at (786) 853 - 340 S. Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee \$\begin{array}{c} \$30.00 Filing Fee & \$\begin{array}{c} \$55.00 Filing Fee & \$\begin{array}{c} \$60.00 Filing Fee, & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)
Mailing Address: Registration Section 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

FILED

2021 NOV -1 PH 5: 48 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	10/14
fan el Note:	tive date, if other than the date of filing:
e reco ed is f	rd 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 iled.
Dated	10/26/ 2021
	Signature of a member or authorized representative of a member
	Signature of a infinite of authorized representative of a member
	Laytec J. Herrera Typed or printed name of signee