# 421000130640

(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(South Manual)	
Certified Copies Certificates of	Status
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### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 27, 2021

CAROLINA M PEREZDAVILA 2862 CLIPER COVE LN APTIO KISSIMMEE, FL 34741

SUBJECT: CARITO'S FACES LE Ref. Number: L21000130640

We have received your document for CARIJO'S FACES LLC and your check(s) totaling \$25.00. 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 filling of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

tter:Number: 021A00011539

## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations	·	
0 - I	FACES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CAROLINA M PEREZDA	AVILA	
		Name of Person	
		Firm/Company	
	2862 CLIPER COVE LAS	NE APT 102	
		Address	
	KISSIMMEE FL 34741		
	N'SO ONA DISCA DENA C	City/State and Zip Code	<del></del>
	INFO@NADIESABEMAS E-mail address: (	.COM to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
CAROLINA M PEREZ		407 486-4810 at ()	
Name o	f Person	Area Code Daytir	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		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ARTICLES

OF 21 JUN 14 PA 4: 11

### **CARITO'S FACES LLC**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2862 CLIPER COVE LANE AP	T 102
	KISSIMMEE FL 34741	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2862 CLIPER COVE LANE AP KISSIMMEE FL 34741	T 102
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	<u>ie name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

#### 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

21 JUN 14 PA 4: 11

Title	<u>Name</u>	Address	Type of Action
MBR	FERNANDO MERA	2862 CLIPER COVE LANE APT 102	<b>⊟</b> Add
		KISSIMMEE FL 34741	□Remove
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ending any other inform	ation, enter change(s) here: (An	tach additional sheets		
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Canshas T	v )	epresentative of a member		