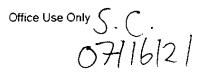
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor				
MOMPELI	ER EXCELLENT BEAUTY	SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	DARIO H RAMIREZ			
		Name of Person		
	D & D CONSULTANTS-	PROFESSIONAL SERV	ICES CORP	
		Firm/Company		
	9850 SW 212 ST			
		Address		
	CUTLER BAY, FL 33189			
	dario150360@gmail.com	City/State and Zip Code		1021
	E-mail address: (to be used for future annual	report notification)	* = 2 5
or further information e	oncerning this matter, please of	all:		<i>™</i>
DARIO II RAMIREZ			0-0472	\triangleright
Name o	f Person	at () Area Code	Daytime Telephone Number	A II: 21
inclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate o	f Status & – py
Mailing Addres		Street A		
Registration Section Division of Corporations			ation Section in of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOMPELLER EXCELLENT BEAUTY SERVICES LLC	
(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 03/29/2021 Florida document number L21000146504	and assigned
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 a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	- 2)
(Mailing address MAY BE A POST OFFICE BOX)	
	• =
	2
B. If amending the registered agent and/or registered office address on our records, enter the nar agent and/or the new registered office address here:	me of the new registered
Name of New Registered Agent:	211
New Registered Office Address: Enter Florida street address	
Florida	
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. On	familiar with and

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>	<u>Name</u>	Address	Type of Action
MGR	MARIA D CABRERA	24113 SW 109 PATH	□Add
		HOMESTEAD, FL 33032	≡ Rетоve
			□Change
AMBR	MARIA D CABRERA	24113 SW 109 PATH	■Add
		HOMESTEAD, FL 33032	□Remove
			☐ Change
		□Remove	
		□Change	
		Remove :	
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		□Change	
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ffective date, if other than the	e date of filing:			
Mective date, if other than the an effective date is listed, the date mu Note: If the date inserted in this b	e date of filing:	o date of filing or more than ble statutory filing requir	90 days after filing.) Pur ements, this date will	suant to 605,0201 not be listed as
Sote: If the date inserted in this b	lock does not meet the applical	ble statutory filing requir	90 days after filing.) Pur rements, this date will	rsuant to 605.020° not be listed as
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Note: If the date inserted in this be ocument's effective date on the force of the record specifies a delayed effective.	lock does not meet the applical Department of State's records.	ble statutory filing requir	ements, this date will	not be listed as
Note: If the date inserted in this be locument's effective date on the formation of the record specifies a delayed effective distribution. HIMF 9TH	lock does not meet the applical Department of State's records.	ble statutory filing requir	ements, this date will	not be listed as
Note: If the date inserted in this be locument's effective date on the force of the record specifies a delayed effective dis filed.	Nock does not meet the applicate Department of State's records. We date, but not an effective tin 2021	ble statutory filing requires the state of t	rements, this date will arlier of: (b) The 90	not be listed as
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this belocument's effective date on the factorial record specifies a delayed effective dis filed. Dated JUNE, 9TH	lock does not meet the applicat Department of State's records. we date, but not an effective tin	ble statutory filing requires the state of t	rements, this date will arlier of: (b) The 90	not be listed as