

L21000 147726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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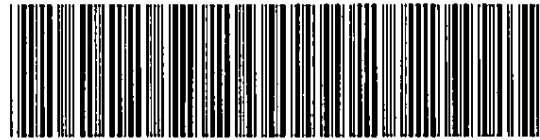
(Business Entity Name)

(Document Number)

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US
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAREZ COSMETIC LLC

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:

Margarita Estenoz

Name of Person

Firm/Company

910 NW 28 Avenue, #1

Address

Miami, FL 33125

City/State and Zip Code

rosareynares@hotmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Rosa Reynares

786

237-1508

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

MAREZ COSMETIC 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 March 30, 2021 and assigned
Florida document number 121000147726.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAREZ COSMETICS LLC

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)

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:

ROSA REYNARES

New Registered Office Address:

2610 SW 21st ST

Enter Florida street address

Miami

City

Florida 33145

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PDST	Dagoberto Espinosa St	910 NW 28TH AVE #1	<input type="checkbox"/> Add
		Miami, FL 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Margarita Estenoz	910 NW 28TH AVE #1	<input checked="" type="checkbox"/> Add
		Miami, FL 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rosa Reynares	2610 SW 21 Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
MIAMI, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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CLERK OF SUPERIOR COURT
STATE OF NEW YORK
COUNTY OF ALBANY

E. Effective date, if other than the date of filing: 08/03/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 3, 2021

Signature of a member or authorized representative of a member

Rosa Reynares

Typed or printed name of signee