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(Requ	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ina Officer:	
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Office Use Only



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COVER LETTER

	Registration Se Division of Co			
CUBIEC		AUTY SUPPLY USA LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	- · · - · ·
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		EMMA LOPEZ		
		·	Name of Person	
		PROFESSIONAL OFFICE	E SERVICES	
			Firm/Company	
		5826 STIRLING ROAD		
		-	Address	
		HOLLYWOOD, FL 3302	I	
City/State and Zip Code				.
		POSTAXES@GMAIL.CO		
		E-mail address: (to be used for future annual report no	otification)
For furthe	er information o	concerning this matter, please co	all:	
EMMA I	LOPEZ		954 964-9205 at ()	
	Name c	d Person		me Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	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		Street Address:	action
Registration Section Division of Corporations			Registration Section Division of Corporations	
1	P.O. Box 632	27	The Centre of	Tallahassee
•	Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARIA BEAUTY SUPPLY USA				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number L21000153089	Liability Company	were filed on 04/02/2021 and an	nd assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	pility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicable:		229 S.E. PARK STREET		
(Principal office address MUST BE A STREET ADDRESS)		DANIA BEACH, FL 33004		
Enter new mailing address, if applicable:		229 S. E. PARK STREET		
(Mailing address MAY BE A POST OFFICE BOX)		DANIA BEACH, FL 33004		
agent and/or the new registered office addre		address on our records, enter the name of th	e new registere	
Name of New Registered Agent:				
New Registered Office Address:	229 S.E. PARK STREET			
	ĐANIA BEAC	Enter Florida street address CH , Florida 33004	(;)	

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

Ir Changing Registered Agent, Signature of New Registered Agent

Zip Code:

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 Title Name <u>Address</u> Type of Action ____ □ Add _____ □Remove _____ Change ______ Change

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JUNE 25TH 2021	
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X XX WX	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00