## L2100016145

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000368618390

06/24/21~-01010~~005 \*\*25.00

THE 2: 46 LANASSLESS CO. C.

: · :

JUN 2 - 2021

## **COVER LETTER**

TO: Registra Division		ction porations		
	ımi Beau	ity Injector LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	icles of a	Amendment and fec(s) are sub	mitted for tiling.	
Please return all c	correspoi	ndence concerning this matter	to the following:	
		Vernise L.Edmond		
			Name of Person	
		Name of Person  Miami Beauty Injector LLC  Firm/Company  4813 SW 41 Street Unit 206  Address  Pembroke Park/ Florida 33023  City/State and Zip Code  Miamibeautyinjector@gmail.com  E-mail address: (to be used for future annual report notification)  ncerning this matter, please call:		
			Firm/Company	
			Address	
		Pembroke Park/ Florida 33	3023	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		- ,		
		E-mail address: (	to be used for future annual report i	iotification)
For further inform	nation co	oncerning this matter, please c	ali:	
Vernise Edmond				
Name of Person		at () Area Code Day	time Telephone Number	
Enclosed is a che	ck for th	e following amount:		
♣ \$25,00 Filing	g 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)
<u>Mailing</u> Registr			Street Address Registration	-
•		orporations	Division of C	
P.O. B				f Tallahassee

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miam. Beauty (Name of the Link	In sector LLC  ited Liability Company as it now ap  (A Florida Limited Liability Company)	ocars on our records.)	-
The Articles of Organization for this Limited I	Liability Company were filed on	04/07/2021 and	issigned
This amendment is submitted to amend the fol	llowing:		
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," (	ne designation "L.L.C" or the abbreviation	"1L.C."
Enter new principal offices address, if appli	icable: 2607 nw 201	h street miami.fl, 33142	<del></del>
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		r records, <u>enter the name of the r</u>	iew register
Name of New Registered Agent:	Vernise L. Falmond		· ·
New Registered Office Address:	4813 sw 41 street unit 206	Fig. 65	
	Enter	Florida street address	
	Pembroke Park	, Florida <u>33023</u>	
	Cùy	Zip Cod	k

## 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 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
AMBR	Vernise Edmond	4813 nw 41 st unit 206	■Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del>		□Add
			□Remove
			□Change
			□Remove
			Change
*			
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

				_			
						<u> </u>	<del></del> _
-		<del></del>					
	-		<u> </u>		<del> </del>		
					<del>.</del>		
		_		_			
						•	
				<del></del>			<del></del>
				. <u> </u>		·	
						<del>.</del>	
		··					
						<u> </u>	
ective	date, if other than ive date is listed, the date	the date of filin	ıg:	. 1	.1. (%. 1	(optional)	
renecu <u>te:</u> It	the date is listed, the date the date inserted in th	is block does not	a cannot be prior meet the applic	r to date of filing d able statutory f	or more man 90 day Hing requirement	s after filing.) Pursi s, this date will r	iot he listed a
cument	t's effective date on th	ne Department of :	State's records				
ecord s s filed	pecifies a delayed effi	ective date, but no	t an effective t	ime, at 12:01 a.	m. on the earlier	of: (b) The 90th	ı day after th
s meu							
	June 24		2021				
ted				·			
		/	11 4	1			
		hino	e f Ga	ma			
		Signature of a	e f Cini	orized representa	tive of a member		
	Vernise L. Edmond		nember or auth	orized representa	itive of a member		