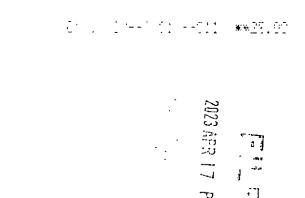
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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Y. SCOTT

## **COVER LETTER**

TO: Registration Solivision of Co	ection	<<						
Hani LLC	i por acions							
SUBJECT:								
<del></del>	Name of Lim	ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
	Hannah Arguello							
	Butterfly Lashes Miami LL	Name of Person		2023 APR				
	<del></del>	Firm/Company		PR I				
	18249 SW 152 Avenue	,		7 Pií	1 : T]			
		Address	THE STATE OF THE S	ب	العقدعة			
	Miami, FL 33187		•• . · · · · · · · · · · · · · · · · · ·	29				
	Hannahdarguello@gmail.co	City/State and Zip Code om						
	E-mail address: (	to be used for future annual report noti	fication)					
For further information	concerning this matter, please ca	all:						
Hannah Arguello		786 817-0814						
Name	of Person	at () Area Code Daytim	e 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)	S60.00 Filing Certificate Certified Conditional condit	of Status lopy				
Mailing Addre Registration	Section	Street Address: Registration Se						
P.O. Box 63	Corporations 27	Division of Corporations The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) I Liability Company)	·
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bility company here:	
bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
18249 SW 152 Avenue Miami, FL 3	33187
	<del></del>
18249 SW 152 Avenue Miami, FL 3	33187
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e address on our records, enter the	7
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	:
Enter Florida street address	
, Florid	aZip Code
<u>1</u>	bility company here: bility Company." the designation "LLC" or 18249 SW 152 Avenue Miami. FL 3  18249 SW 152 Avenue Miami, FL 3  e address on our records, enter the second street address  Enter Florida street address  , Florid

## 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>	Name	Address	Type of Action
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			Remove
			Change
			7023 □ Add
			7023 PPR 1
			□Remove
			☐ Change
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effective of	late is listed, the	t <mark>han the date</mark> e date must be sp	pecific and o	cannot be pri	ior to date o	of filing or n	юre than 90	(option days after fi	ling.) Pur	suant to 605.0
		in this block d on the Departi				tutory filin	g requirer	nents, this	date will	not be listed
cord spec s filed.	ifies a delayed	d effective date	e, but not a	ın effective	time, at	12:01 a.m.	on the ear	lier of: (b)	The 90	th day after
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