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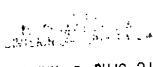
	Registration So Division of Con				
SURIF	OLIVIA O	OSMETIC LLC			
SUBJECT:Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		JONATAS DIAS COUTE	SHO		
			Name of Person		
			Firm/Company		
		401 N FEDERAL HWY, A	APT 102		
			Address		
		HALLANDALE BEACH,	FLORIDA- 33009		
		jonhystaff@hotmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	cation)	
For furth	er information o	oncerning this matter, please ca	ıll:		
JONAT/	NS DIAS COUT	INHO	at () 786 523-3989 Area Code Daytime		
	Name o	l'Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$2 5.0	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 Address Registration S		Street Address: Registration Secti	ion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 JUH -7 RH 12: 21

i Name of the Lir		
and of the ma	(A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 04/28	3/2021 and assigned
Florida document number L21000198308	·	
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company here	: :
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	
	 	
Enter new mailing address, if applicable:		
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•	<u>Ε ΒΟλ)</u>	
•	Ε ΒΟλ <u>)</u>	
Mailing address MAY BE A POST OFFICE		ords, enter the name of the new registe
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our rec	ords, <u>enter the name of the new regist</u> e
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our recoress here:	-
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our rec	-
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our recoress here:	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or the new registered office addr	registered office address on our recoress here: ALESSANDRA LIMA NAPOLITA 401 N FEDERAL HWY APT 102	
	registered office address on our recoress here: ALESSANDRA LIMA NAPOLITA 401 N FEDERAL HWY APT 102	NO

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 21 JUN - 1 PH 12: 21

<u> Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OLIVIA I COUTINHO	401 NORTH FEDERAL HIGHWAY, 102	□Add
		HALLANDALE BEACH, FLORIDA- 33009	⊠Remove
			□ Change
AMBR JONATAS DIAS COUTINHO	401 NORTH FEDERAL HIGHWAY, 102	& JAdd	
		HALLANDALE BEACH, FLORIDA- 33009	🗆 Ramove
			El Change
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Effective date, if other	than the date of fil	ing:		(optional)	
(If an effective date is listed, if Note: If the date inserted document's effective date	in this block does no	ot meet the applicabl	date of filing or more than 90 de statutory filing requirement	days after filing.) Pursuant to ents, this date will not be	605.0207 <i>C</i> ; listed as 2 2
			12.01		
he record specifies a delaye ord is filed,	ed effective date, but n	not an effective time	e, at 12:01 a.m. on the carly	er of: (b) The 90th day a	ifter the
the record specifies a delayer ord is filed.	ed effective date, but n		, at 12:01 a.m. on the early	er of: (b) The 90th day a	ifter the
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ord is filed.		2021	ed representative of a member		ifter the
Dated MAY 24		2021			ifter the

Filing Fee: \$25.00