## L2/000219902

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
	<u> </u>	<b>—</b>
D PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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	•	COVER LETTER	
TO: Registration Division of	n Section	• •	<b>4</b> .
#Aster B	Beauty Products LLC	ga" maki	
SUBJECT:		Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	Astrid Fernandez		
		Name of Person	
	Aster Beauty Products	LLC	
		Firm/Company	
	7862 W Irlo Bronson I	lwy 102	
		Address	
	Kissimmee, FL 34747		
	f-astrid@hotmail.com	City/State and Zip Code	
	E-mail addres	ss: (to be used for future annual report not	ification)
For further information	on concerning this matter, pleas	se call:	
Astrid Fernandez		407 4372887 at ( )	
Nan	ne of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration Division o		Street Address: Registration So Division of Co	
P.O. Box 6	•	The Centre of	Tallahassee : : : : : : : : : : : : : : : : : :

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aster Beauty Products LLC				
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	<del>.</del>
The Articles of Organization for this Limited L lorida document number 1.21000219902	-	were filed on May I	1th, 2021	and assigned
his amendment is submitted to amend the foll	lowing:			
If amending name, enter the new name o	of the limited liah	oility company here:		
N/A				
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	nation "LLC" or the a	obreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STREE	ET ADDRESS)			
inter new mailing address, if applicable:		N/Λ		
Mailing address MAY BE A POST OFFICE	BOX)			
s. If amending the registered agent and/or egent and/or the new registered office addre	**	address on our recor	rds, <u>enter the nan</u>	ge of the new registe
Name of New Registered Agent:	Astrid Fernance	lez Acosta		<u></u>
New Registered Office Address:	7862 W Irlo B	ronson Hwy 102		
	-	Enter Florida s	street address	
	Kissimmee		, Florida	4747
		City		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>	Address	Type of Action
MGR	Astrid Fernandez Aeosta	7862 W Irlo Bronson Hwy 302 Kissimmee FL 34747	🗆 Add
			Remove
			[]Change
AMBR	Astrid Fernandez Acosta	7862 W Irlo Bronson Hwy 102 Kissimmee FL 34747	
			□Remove
			□Change
			□Add
			□Remove
			□Remove
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ective date, if other	the date must be specific and in this block does no	and cannot be prior to date out meet the applicable sta	of filing or more than 90 days after	r filing.) Pursuant to 605.020 is date will not be listed a
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is filed.	yed effective date, but not seem to the 2024	not an effective time, at 1	presentative of a member	