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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of Cor			
SUBJECT: U \ \	re? ( Cosmet;	cs LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Calvin Azadi	
		Name of Person	
		Aradilaw Firm/Company	
		Firm/Company	
	848 (	Brichell Ave, F	\$830
	1	Miami, CL 33131 City/State and Zip Code	
,	E-mail address: (	to be used for future annual report not	OM_ (fication)
For further information ec	oncerning this matter, please c	all:	
Calvi Name of	n Azadi	at ( <u>786</u> ) <u>757</u> Area Code Daytin	6877
Name of	reison	Area Couc Dayan	te Terephone Number
Enclosed is a check for th	e following amount:		
□√\$25.00 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		Street Address:	
Registration S Division of Co		Registration Se Division of Cor	
P.O. Box 6327		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unveil (osn	net i 2021 DEC 27 CAM 7: 41
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records ACE.
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2100022530</u> .5	were filed onQS   14   2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4111 Alhambra Circle
(Principal office address MUST BE A STREET ADDRESS)	Coral Gubles, Florida 33146
Enter new mailing address, if applicable:	4111 Alhambra Circle Coral Gables, Florida 33146
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Florida 33146
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida City Zip Code
	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 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 AZADI, ANTHONY F	AZADI, ANTHONY A	1331 Brickell Bay Dr	□Add
		Ap+ 301	Kemove
		Miami, FL 33131	
			□Remove
			□Change
			□ Add
			□Remove
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i ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ve date, if other than the date of filing:
ecore is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	December 20. 2021  Signature of a member or authorized representative of a member
	Anthony Azadi Typed of printed name of signee