L21000248084

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phon	ne #)
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COVER LETTER

Tallahassee, FL 32314

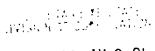
TO:

	legistration Se Division of Cor			
SUBJEC"	Miami Cosi	metics Smile Design LLC		•
SODJEC	l: <u></u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rett	ırn all correspo	indence concerning this matter	to the following:	
		Carla Castillo		
			Name of Person	
			Firm/Company	
		7331 SW 122nd Court		
Address		Address		
		Miami, FL 33183		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please c	all:	
	- -	 	at ()Area Code Daytin	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 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)
	Tailing Addres		Street Address:	wtion
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 JUL 12 AM 8: 34

MIAMI COSMETICS S	MILE	DESIGN.	LLC
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 05/27/202	and assigned
Florida document number L21000248084		
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 Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
STANLING MANY CO. T. CO. T. C.		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida stre	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capaci performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
If Chai	nging Registered Agent, Sig	nature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added The second secon or removed from our records:

MGR = Manager AMBR = Authorized Member 21 JUL 12 AH 8: 34

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CAROLINA VELASQUEZ FRAN	14257 SW 151ST CT	□ Add
		Miami, Fl. 33196	≣Remove
			□Change
			□Add
			□Remove
			☐ Change
			🗆 Add
		Remove	
			□Change
			□Add
			□Remove
		 	□Change
			□Add
		□Remove	
			□Change
			□ Add
			Remove
			Channe

D. If amending any other it	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
	21 JUL 12 AM 8: 34
	21 Jul 12
	
	
	
	
	
	
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Note: If the date inserted in	tan the date of filing: (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
If the record specifies a delayed record is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 8	. 2021
	Par Co
	Signature of a member or authorized representative of a member
	CARLA CASTILLO Typed or printed name of signee

Filing Fee: \$25.00