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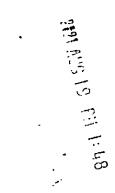
(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	ry/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filina Officer:	
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Office Use Only



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COVER LETTER

Division of Corp	orations	- 1 :	
SUBJECT: AA	Ben Beaut	ited Liability Company	by LLC
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
		Name of Person	respo
		Firm/Company	
	4526 R	iverton DR	
	Orlar	do FI 32817	} .
	Anbenbeau E-mail address: (City/State and Zip Code KFully Haalthy & to be used for future annual report notif	yahoo. com
For further information co	ncerning this matter, please c		
Morma	Peña	at (786 - 633 -	8404
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S		Street Address: Registration Sec	ction

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAben Beauti Full 4 He (Name of the Limited Liability Company as it (A Florida Limited Liability	aL +4 L L C now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com Enter new principal offices address, if applicable:	pany," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	52
(Mailing address MAY BE A POST OFFICE BOX)	P
	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Cit	y 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Norma Pena de Che	Opo 4526 Riverton Dr Orlando Fl 32817	□Add
		Orlando fl 32817	Ckemove
			□Change
<u>AMBR</u>	Norma Pena de Cresp	Orlando, Fl, 32817.	& Add
		Orlando, Fl, 32817.	Remove
			□Change
			DAdd €5
			☐ ☐Remove
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fective date, if other than the date of filing:	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0 ole statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after
100 8 12 2021	·
$\leftarrow 1$	Para)
Signature of a member or authorize	zed representative of a member

Filing Fee: \$25.00