## Illarida Department of State Bivision of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED STATES REGISTERED AGENTS, INC.

Account Number : 119990000022 Phone : (305)670-6370 Fax Number : (305)670-3390

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address: USRAE USRAEENHS .CO.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LADY BEAST, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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## H 2 1000 3 1 2 2 1 2. 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Lady Beast, LLC						
(Name of the Limit	d Liability Compa A Florida Limited	iny as it now appears on or Liability Company)	ir records.)		•	
The Articles of Organization for this Limited Li Florida document number	ability Company	were filed on 06/09/20	)21	and a	ssigned	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:	•			
Lady Beasts, LLC						
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	ion "LLC" or the a	bbrevistion '	L.L.C."	
Enter new principal offices address, if applica	ible:	N/A		-		
(Principal office address MUST BE A STREET ADDRESS)				<sup>2</sup> Asi	<b>42</b> 21	
	110000			2.	AUG	_
Enter new mailing address, if applicable:		N/A		17.55	19	FILE
(Mailing address MAY BE A POST OFFICE)	ROX)			T)	3	
				97	7: 35	
B. If amending the registered agent and/or re agent and/or the new registered office addres		address on our record	s, <u>enter the nar</u>	ne of the n	ew regi	sterec
Name of New Registered Agent:	Elena Catalin	a Solis				
New Registered Office Address:	7990 SW 117	TH AVE, STE 114,				
, , , , , , , , , , , , , , , , , , ,		Enter Florida stre	ei address			
	Miami		, Florida	33183		
		City		Zip Cod	le l	

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

## H210003122123

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
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			Change
			🗀 Add
			□Remove
			□Add
			□Remove
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(If an effective date is listed, the date must be Note: If the date inserted in this block	ck does not meet the applicab	le statutory filing requir	ements, this date w	raisaum to 603.0207 vill not be listed as (
document's effective date on the Dep	partment of State's records.			
		e, at 12:01 a.m. on the c	arlier of: (b) The	90th day after the
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	date, but not an effective tim			
he record specifies a delayed effective ord is filed.	date, but not an effective tim			
ord is filed.				
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