Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALBER TAX ACCOUNTANT

Account Number : I20150000098 Phone

: (305)713-9142

Fax Number

: (815)550-9948

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KATHY LASHES STUDIO LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Li	ability Company were fil	led on 06/15/2021	and assigned
Florida document number L21000278173			2021 AUS 30
This amendment is submitted to amend the follo	nwing:		106
A. If amending name, enter the new name of			in the state of the
The new name must be distinguishable and contain the w		nany," the designation "LLC" or	r the abbreviation "L.E.C."
Enter new principal offices address, if applic			<u> </u>
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o	or registered office a	ddress on our records,	enter the name of the new
Name of New Registered Agent:	PORTILLO, KATHER	RINE	
New Registered Office Address:	8208 MILLS DR.	Enter Florida street address	
	MIAMI		ida 33183
	Cı		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Page: 2 of 5

KATHY LASHES STUDIO LLC

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

From: JUAN ALBER

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

To: -18506176383

Title	<u>Name</u>	Address	Type of Action
AMBR	PORTILLO, KATHERINE	8208 MILLS DR.	D Add
		MIAMI, FL 33183	□ Remove
	·		■ Change
AMBR	ROA, LUIS E.	8208 MILLS DR.	D Add
	,	MIAMI, FL 33183	☐ Remove
			D Cl
			□ Add
			П Remove
			Change
**************************************			□ Add
		☐ Remove	
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

	08/26/2021	11N
\mathbf{F}^{-}	Effective date, if other than the date of filing:	(optional)
	(If an effective date is listed, the date must be specific and cenner be prior to date of fil	ing or more than 90 days after filing.) Pursuant to 600,0207 (3)(b)
	(if all cried the time is tissed, the time to specific and the state of the state o	on filling requirements, this date will not be listed as the
	Note: If the date inserted in this block does not meet the applicable statute	my mang requirements, and oute with more or more
	document's effective date on the Denartment of State's records.	

If the record 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 record is filed.

Dated AUGUST 26	2021	
1/1	m	
<u>s</u>		
<i>i</i> /	Signature of a member or authorized re	presentative of a number
KATHERINE PORTILI	_O	·
	. Typed or printed mane	OF #Ignoo

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