L21000324307

(Req	uestor's Name)	-
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(City	/State/Zip/Phone	e #)
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O SIMMONS SEP 28 2021

COVER LETTER

TO: Registration Se Division of Co	ection rporations		
MICROPIC SUBJECT:	GMENTATION ORLANDO L	LC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ERIKA SANCHEZ ESCA	LANTE.	
		Name of Person	
	MICROPIGMENTATION	ORLANDO LLC	
		Firm/Company	
	5020 ALAVISTA DR.		
		Address	
	ORLANDO, FL 32837		
	Chirc Maccount con	City/State and Zip Code	-
	ERIKSA19@GMAIL.COM	to be used for future annual report noti	tion()
For further information c	oncerning this matter, please c	·	ncanony
ERIKA SANCHEZ E.		321 877-5209	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2421 SEP 17 AH 6: 54

(Name of the Limited L	ighility Company as it now appears on our se	agged.)
(A I	iability Company as it now appears on our re- forida Limited Liability Company)	ecoras.)
The Articles of Organization for this Limited Liabi Plorida document number L21000324304	lity Company were filed on JULY 16, 20	21 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	t:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.		
R. If amending the registered agent and/or regis	stered office address on our records, <u>er</u>	nter the name of the new reg
gent and/or the new registered office address he	<u>crc</u> .	
gent and/or the new registered office address he Name of New Registered Agent:	<u></u>	
gent and/or the new registered office address he	<u></u>	
gent and/or the new registered office address he Name of New Registered Agent:	Enter Florida street ad	hiress
Name of New Registered Agent:	Enter Florida street at	ddress , Florida Zip Code

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>	글리오는 17 취임 6: 54 <u>Address</u>	Type of Action
AMBR	ROSANGELICA SANCHEZ E.	5020 ALAVISTA DR. ORLANDO FL 32837	
			□Remove
		-	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
		□Change	
			□Add
			□Change

	
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	09/15/2021
Iffective date, if other than the date of f	filing: (optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this block does a	not meet the applicable statutory filing requirements, this date will not be listed as th
locument's effective date on the Department	t of State's records.
record specifies a delayed effective date, but d is filed.	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
u is med.	
SEPTEMBER 15.	2021
Dated State And	·
Hukokat.	
Signature	of a member or authorized representative of a member
•	
ROSANGELICA SANCHEZ E.	
	Typed or printed name of signee

Filing Fee: \$25.00