## LZI 000365733

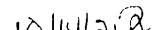
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:





500374413135

10/05/21--01013--022 \*\*25.00



TO: Registration Sec.			
Sagacious B	eauty LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
	Amendment and fee(s) are sub		
	Naudimar Herrera		
		Name of Person	
	Sagacious Beauty LLC		
		Firm/Company	<del></del>
	18117 Biscayne Boulevard	l #1458	
		Address	<del></del>
	Miami,Florida 33160		
	Sagacious_beauty9gmail.co	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Naudimar Herrera		786 447-0750 at ()	
Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	c 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION OF

Sagacious Beauty LLC			
(Name of the Limi	ited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L. Florida document number L21000365733	iability Company	were filed on 9-30-2021	and assigned
his amendment is submitted to amend the following	lowing:		
. If amending name, enter the new name o	of the limited liab	oility company here:	
agacious Beauty LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	18117 Biscayne Boulevard #1458	3
Principal office address MUST BE A STREET ADDRESS		Miami, Florida 33160	
nter new mailing address, if applicable:		18117 Biscayne Boulevard #1458	}
failing address MAY BE A POST OFFICE BOX)		Miami, Florida 33160	
. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ss here: Naudimar Herr		e name of the new regist
Name of New Registered Agent:			
New Registered Office Address:	18117 Biscayne	Boulevard #1458	
		Enter Florida street address	
	Miami	, Flori	da <u>33160</u>
ew Registered Agent's Signature, if changing l		City	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 Changing Registered Agent, Signature of New Registered Agent

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Naudimar Herrera	18117 Biscayne Boulevard #1458	
		Miami, Florida 33160	□Remove
			□Change
			🗀 Add
		<del></del>	□Remove
			□Change
	<del></del>		
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			□Add
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			□ Change

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Effective	late, if other than t	he date of fili	ng: <u>8-14-2021</u>			(optional)	
(If an effective Note: If the	e date is listed, the date in this	must be specific at t block does not	nd cannot be prio meet the annli	r to date of filing	g or more than 90 a filling requires	) days after filing nents this date	.) Pursuant to 605.02 will not be listed
	s effective date on the				r ming require	nems, mis date	will not be listed
the record sp	ecifies a delayed effe	ctive date, but no	ot an effective	time, at 12:01	a.m. on the ear	lier of: (b) TI	ne 90th day after th
ord is filed.							
	16 2021		0.00				
<b>A</b>	ust 16,2021		8:00	·			
Dated Aug							
Dated Au		7	e				
Dated Au		Signature of a	a member or auth	iorized represer	ntative of a mem	per	
Dated Au	Naudimar Herrera	Signature of a	a member or auth	torized represer	ntative of a meml	oer	<del></del>

Filing Fee: \$25.00