L21000378474

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		G LASHES LLC		
SUBJEC	.1.	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		DAYMARA CARBALLO)	
			Name of Person	
			Firm/Company	
		9755 SW 24 ST, APT C 13		
			Address	
		MIAMI, FL 33165		
			City/State and Zip Code	
		CARBALLODAYMARA9	31021@ICLOUD.COM	
		E-mail address: (to be used for future annual report notifica	ation)
For furth	er information c	oncerning this matter, please c	ali:	
DAYMA	NRA CARBALL		at 776 66	0-5261.
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.0	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	-	Street Address: Registration Section	on .

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

DAZZLING LASHES LLC		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L21000378474		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of th	e limited liability company here:	
DAZZLING LASHES AND BEAUTY LLC		~
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" o	r the abbreviation "P.L.C."
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET	ADDRESS)	స్ట
er new mailing address, if applicable:		
		1: is: i
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2.X)	
B. If amending the registered agent and/or regingent and/or the new registered office address by	· · · · · · · · · · · · · · · · · · ·	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	LISNEY GONZALEZ SEIJO	9755 SW 24 ST, APT C 134	= Add
		MIAMI, FL 33165	□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
		GONZALEZ SEIJO 9755 SW 24 ST, APT C 134 MIAMI, FL 33165	□Add
			[]Remove
			Change
			□Remove
			Change

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Signature of a member or authorized representative of a member	Dated_	·	
Signature of a member or authorized representative of a member		S.F.	
		Signature of a member or authorized representative of a member	
CARBALLO, DAYMARA		CARBALLO, DAYMARA	

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Filing Fee: \$25.00