## L21000386001

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## **COVER LETTER**

TO:

	Registration So Division of Con					
SUBJECT	YOJANY FRANCO BEAUTY STUDIO, LLC					
SUBJECT	1:Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	ondence concerning this matter	to the following:			
		FRANCO, YOJANY				
			Name of Person			
		YOJANY FRANCO BEA	UTY STUDIO. LLC			
			Firm/Company			
	6874 AXIS WEST CIR APT 4101					
			Address			
	ORLANDO, FL 32821					
			City/State and Zip Code			
		yojanyfranco@icloud.com				
		E-mail address: (	to be used for future annual report not	itication)		
For further	information e	oncerning this matter, please co	all:			
FRANCO, YOJANY		321 4007021				
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed i	s a check for th	ne following amount:				
<b>≡</b> \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	lailing Addres		Street Address:	etion		
Registration Section Division of Corporations			Registration Section Division of Corporations			
P	.O. Box 632	7		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOJANY FRANCO BEAUTY STUDIO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/30/2021}{1}$ and assigned Florida document number L21000386001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

<u>Title</u>	<u>Name</u>	Address 22100: -1 PH 5: 24	Type of Action
P	FRANCO, YOJANY	6874 AXIS WEST CIR APT 4101	□Add
		ORLANDO. FL 32821	■Remove
			□Change
MGR	FRANCO VILLASMIL, YOJANY	6874 AXIS WEST CIR APT 4101	<b>=</b> Add
		ORLANDO, FL 32821	□Remove
			□Change
			□Add
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		****	□Add
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	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( ik does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated SEPTEMBER 09	2021
	John Tranco.
	ignature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee