121000393272

(Re	questor's Name)	
		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	.
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			
<i>(</i> : (1) 11:		DE BELLEZA LLC		•
SUBJE	C1:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub- indence concerning this matter		
		ROLANDO I. ROĐRIGU		
			Name of Person	
		ESTUDIO DE BELLEZA	LLC	
			Firm/Company	
		4713 MESA VERDE DR		
			Address	
		ST CLOUD, FL 34769		
		audidr1988@gmail.com	City/State and Zip Code	
For furt	her information e	E-mail address: () oncerning this matter, please ca	to be used for future annual report not:	fication)
ROLA	NDO L RODRIG	UEZ DRIGG	at (407) 600	0 - 0478 e Tolephone Number
	Name o	f Person	Atea Code Daytim	e Telephone Number
Enclose	ed is a check for the	ne following amount:		
□ S2:	5.00 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)

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTUDIO	DE	BELLEZA	LLC
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(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 Li	ability Company	were filed on 09/02/2021	and assigned		
Florida document number L21000393272					
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
ESTUDIO DE BELLEZA GENESIS GLAMOUR	LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" or the a	ibbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		NA			
		NA			
	_	NA			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA NA			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	• •	address on our records, <u>enter the nar</u>	ne of the new registered		
	NA		راجي ا		
New Registered Office Address:	·	Enter Florida street address			
	NA	Florida			
New Registered Agent's Signature, if changing F	Registered Agent:	City	Zip Code		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and ; if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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	Type of Action
NA	NA	NA	
			□Remove
			□Change
			□Add
			□Remove
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ote: If the o	date inserted in t	in the date of filistensist be specific at this block does not the Department of	meet the applic	cable statutory fi	r more than 90 day ling requiremen	(optional) s after filing.) Pursu ts. this date will n	iant to 605.020 of be listed a
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nted	September	er 08, 2	021	·			
_		er 08, 2	A member or aut	horized representa	tive of a member		
			-	-			

Filing Fee: \$25.00

State of Florida Department of State

I certify from the records of this office that ESTUDIO DE BELLEZA LLC is a limited liability company organized under the laws of the State of Florida. filed on September 2, 2021, effective August 27, 2021.

The document number of this limited liability company is L21000393272.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of October, 2021



KRUNUNGELL
Secretary of State

Tracking Number: 7435200488CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication