

L21000 406067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

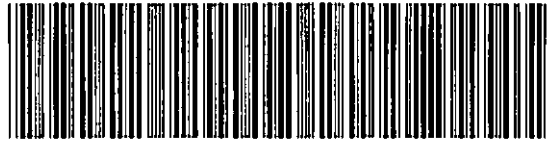
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TOLSON, MISSISSIPPI

Y. SCOTT

JAN 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change/remove a part of registered agent name
Name of Limited Liability Company
Mauiuc Beauty LLC.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexa Mauiucelli
Name of Person

Mauiuc Beauty LLC.
Firm/Company

777 S federal Hwy # H30
Address

Pompano beach, FL, 33062
City/State and Zip Code

Alexamauiuc99@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexa at 718 308 7922
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

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SECRETARY OF STATE

Please email when amendment complete!

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

Maluc Beauty 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 September 14 2021 and assigned Florida document number L21000406067

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)

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

(Please remove
MISS from name)

Name of New Registered Agent:

Alexa Malucelli

New Registered Office Address:


Enter Florida street address

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Alexa Malucelli	777 S-federal Hwy	<input type="checkbox"/> Add
		(miss) Please remove from name	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TREASURY
JAN 14 2022
PM 3:11
FILE

3. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Removing "Miss" from Register agent/
manager name.

Only Saving Alexa Malucelli

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SECRETARY OF STATE
MILWAUKEE, WI

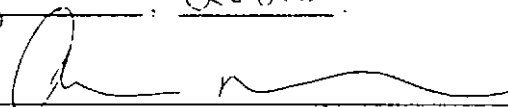
4. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific 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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 6 January, 2022.


Signature of a member or authorized representative of a member

Alexa Malucelli

Typed or printed name of signee