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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ITAX GROUP, LLC

Account Number : I20140000115

Phone : (813)882-8426 Fax Number : (813)884-0263

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: cezarfrancisco.caf@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOUBLE V PROFESSIONAL COSMETICS LLC

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	gistration Se dision of Cor		•			
SUBJECT:		PROFESSIONAL COSMET	ics llc			
;		Name of Lim	ited Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Picase return	all correspo	ndence concerning this matter	to the following:			
		Cezar Augusto Francisco				
			Name of Person			
		DOUBLE V PROFESSIO	NAL COSMETICS LLC			
	Firm/Company					
	6497 Parkland Dr Unit C					
			Address			
		Sarasota FL 34243			10 Filing Fee. ificate of Status &	
		cezarîrancisco.caf@gmail.c	City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)		
For further in	oformation co	oncerning this matter, please c	all:			
Cezar Augusto Francisco			239 200-901 at ()	8		
	Name of	Person	Area Code Da	ytime Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$ 25.00 F	filing Fec	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	Certified Cop	Status &	

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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company : (A Florida Limited Liab	as it now appears on our requility Company)	cords.)
The Articles of Organization for this Limited L Florida document number <u>L21000531132</u>	iability Company we	ere filed on 12/17/2021	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	of the limited liability	y 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 appli	cable: _		
(Principal office address MUST BE A STREE	E <u>T ADDRESS)</u>		C E
Enter new mailing address, if applicable:		·	: · · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			PH E
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our records, <u>en</u>	ter the name of the new regist
	Cezar Augusto Fra	ancisco	
Name of New Registered Agent:	1460 Pine Warbler Pl Apt 3103		
New Registered Office Address:	1-00 rine Wardles	Enter Florida street aa	dress
	Sarașota		, Florida <u>34240</u>
		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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: A64DDAF3-E9F7-4B88-B164-F901ACA05A00 ti 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	FERREIRA DE OLIVEIRA, TIAG O	7616 213th st east BRADENTON, FL 34202	JAdd
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			FIChange
			Il Add
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factive date, if other than the d	11/1 ate of filing:	7/22023		(optional)	
ffective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this bloc	e specific and cannot	be prior to date of fi	ling or more than 9	0 days after filing.) Pu ments this date wil	irsuant to 605.02 I not be listed
ote: If the date inserted in this bloc ocument's effective date on the Dep	artment of State's r	ecords.	ory ming regule		
record specifies a delayed effective	date, but not an effe	ective time, at 12:	01 a.m. on the ea	rlier of: (b) The 9	0th day after t
Lis filed					
N 17.1	202	2			
ated					
		- Andrew T			
		Lucionica			
	ignature of a member	or authorized repre	sentative of a men	iber	

Filing Fee: \$25.00