K22000073256

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COVER LETTER

TO: Registration Se Division of Cor			
	UTY SPOT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	AVILA BURMUDEZ, SO	LIET S	
	- 	Name of Person	
	SOL BEAUTY SPOT LL		
		Table 2267173 Area Code Table 2267173 Area Code See See See S55.00 Filing Fee & S60.00 Filing Fee.	
	117 NW 42ND AVE APT	909	
		Address	
	MIAMI		
		City/State and Zip Code	
	solietavila89@gmail.com	to be used for litters annual report notification)	~!
For further information of	concerning this matter, please c		022 JUI
AVILA BURMUDEZ.	SOLIET S		7. 116
Name o	of Person		Number 🚉
Enclosed is a check for t	he following amount:		co
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	ertificate of Status & ertified Copy
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Registration Section Division of Corporations The Centre of Tallahasse	e

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOL BEAUTY SPOT LLC

company has been notified in writing of this change.

(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	02/13/2022	സ്ത and assigned
Florida document number L22000073256			, ·
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	<u>y here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." t	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
F-4			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	ddress on ou	ir records, enter the	name of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Florida street address		
		Florid	a Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office.	performance rovided for	e of my duties, and I in Chapter 605, F.S.	am familiar with and Or, 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>	<u>Address</u>	Type of Action
MGR	AVILA BERMUDEZ, SOLIET	117 NW 42ND AVE APT 909.	■Add
		MIAMI FL 33126	⊡Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Γ	name corrected is AVILA BE	RMUDEZ, SOLIET(remove middle	inisial S)		
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fecti	ve date, if other than the c	late of filings			(a.m42	
ın effic	ective date is listed, the date must	be specific and cannot b	e prior to date of t	iling or more than 90	(optional) days after filing.) Pursuc	ant to 605,0207
<u>ote:</u>	If the date inserted in this blo- ent's effective date on the Dep	ck does not meet the	applicable statu	tory filing requires	ments, this date will no	ot be listed as
		same of State 5 fe				
ecore	l specifies a delayed effective	date, but not an effec	tive time, at 12:	Olam on the ear	lier of: (h) The 90th.	day after the
is file	ed.			or ann on the cur	net of the zon	day arter the
	0/ 0/ 00	. ^				
ited_	06-06-2Z	- []	<u> </u>			
		18 AT 2				

Typed or printed name of signee