Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

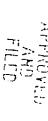
Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address plcase.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELLA VISAGE COSMETICS LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLA VISAGE COSMETICS LLC		
(Name of the Limited Liability Company as It now app (A Florida Limited Liability Compan	ears on our records.) y)	
ne Articles of Organization for this Limited Liability Company were filed on	A211 C/2A22	and assigned
orida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability compan		
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, " - Principal		
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 n	ame of the new registe
B. If amending the registered agent and/or the new registered office address here:		202
		?2 J
Name of New Registered Agent:		
New Registered Office Address:	ter Florida street address	ma.
City	, Ptorid	- Zip Code - ω
New Registered Agent's Signature, If changing Registered Agent;		9

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

Title	Name	Address	Type of Action
AMBR	JOSE DEFALLA	8960 SOUTHERN ORCHARD RD N	<b>=</b> Add
		DAVIE, FL 33328	□ Remove
		· ·	□ Change
			□Add
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Effective d	ate, if other than the	date of filing	7:			(optional)	
lf an effective Note: If the	date is listed, the date must date inserted in this blo effective date on the De	be specific and ock does not n	cannot be prior	able statutory fil	more than 90 day	s after filing.) Pur	suant to 605.0207 not be listed as
e revord spe rd is filed.	cifies a delayed effective	date, but not	an effective ti	me, at 12:01 a.m	n. on the earlier	of: (b) The 90	th day after the
Dated	JUNE 2ND		2022	/			
		7	43.16	_/	7		

Typed or printed name of signee