## 122000162933

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(Ad	dress)			
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## **COVER LETTER**

	egistration Se- ivision of Cor <sub>l</sub>		,		
0110 112 CM	Everglow A	esthetics, LLC		• .	
SUBJECT	:	Name of Limi	ited Liability Company		
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Tammy Piergallini			
			Name of Person		
		Everglow Aesthetics, LLC			
	Firm/Company				_
		1514 S Alexander St. #108			
			Address		
		Plant City, FL 33563			
		<del></del>	City/State and Zip Code		
		everglowpc2022@gmail.co	m to be used for future annual report noti	figuriari	р.
				icacion)	••
For further	information c	oncerning this matter, please ca	all:		
Tammy Piergallini		813 763-0849 at ()		_	
	Name o	Name of Person Area Code Daytime Telephone Number		e Telephone Number	
Enclosed is	s a check for th	ne following amount:			
<b>■</b> \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of \$ Certified Copy (additional copy is	tatus &
Mailing Address: Registration Section		Street Address: Registration Se Division of Co			
Division of Corporations P.O. Box 6327		The Centre of			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Everglow Aesthetics, LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/6}{2}$	and assigned	i
Torida document number L22000162933		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>:e</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company." the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		ૐ ~
	The state of the s	를 다 다
		ŭ
nter new mailing address, if applicable:		<u>د</u> در
Mailing address MAY BE A POST OFFICE BOX)	ع : - ا	ب
	- : <u>- :</u>	<u> </u>
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	cords, enter the name of the new regi	<u>iste</u>
Name of New Registered Agent:		
New Registered Office Address:	la street address	
Lines I Ross		
	Florida Zin 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 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
AMBR	Tammy Piergallini	4015 N Forbes Rd. Plant City, FL 33565	
			□Remove
			□Change
<u>_</u>			DAdd
			□ Remove
			Change PM 3
			□ Change
			🗆 Add
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Typed or printed name of signee