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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	<u> </u>
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COVER LETTER

TO: Registration So Division of Con			
	EAUTY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ADRIANO ITO		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	MACROBEAUTY LLC		
	_	Firm/Company	
	7524 CURRENCY DR		
		Address	
	ORLANDO, FL. 32809		
		City/State and Zip Code	
	ADRIANO.ITO@MACRO	·	
For further information of	concerning this matter, please c	'AH'	
ADRIANO ITO		at () 574-8076 23 Area Code Daytime Telephone Number 2	
Name c	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACROBEAUTY LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 08/19/2022	and assigned
Florida document number L22000366094		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
C. A		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	
		23
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		> !
		7.7
	· · · · · · · · · · · · · · · · · · ·	75
B. If amending the registered agent and/or registered o	office address on our records, enter th	••
agent and/or the new registered office address here:	·	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	inter i to ma si e e aduresa	
	, Flori	i da Zip Code
	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 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
MGR	ALINE SEEMUND DOS REIS	8307 VIA ROSA	
		ORLANDO, FL, 32836	□Remove
			□Change
		···	□Add
			🗆 Remove
			Change
			□Add
			Remove
		-	□Change
			□Rêmove
			☐ Chànge
			□Remove
			
			□Remove
			□Change

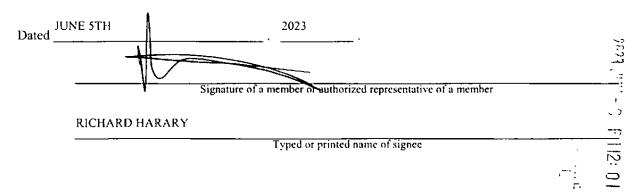
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E. Effective date, if other than the date of filing: ______ (optional)

(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)(b)

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.



Filing Fee: \$25.00