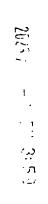
L22000388937

(Requestor's Name)	· .
	Address)	
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(Address)	· · · · · ·
	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
	Business Entity Name)	
	-	
(Document Number)	
Certified Copies	Certificates of	Status
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Special Instructions to f	Filing Officer:	
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/08/2023	-	⇔ WALK	K IN*
ENTITY NAME O3 Hea			
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND RETURN		
xxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA			
TOTAL OWED \$25	ACCOUNT #: I2016000	0072	
	-5.87M		
Places soll Time at 1	he above number kor any issues or concerns. Thank w	na so much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O3 HEALTH AND BEAUTY LLC (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 September 06th, 2022 and assigned Florida document number L22000388937 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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>	Name	Address	Type of Action
MGR	TIAGO MACHADO PEREIRA	7000 PALMETTO CIR S APT 703	■Add
		BOCA RATON, FL 33433	□Remove
			Change
			□Add
			□Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the December 2 of the date of of th	ock does not meet the applicable statut	(optional) iling or more than 90 days after filing.) Pure tory filing requirements, this date will	suant to 605,0207 (not be listed as t
record specifies a delayed effective Lis filed.	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90	th day after the
August 8th	. 2023		
	ira Pereira Signature of a member or authorized repre		

Filing Fee: \$25.00