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(A	Address)
(F	Address)
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COVER LETTER

Registration Section Division of Corporations

TO:

O3 HEALT SUBJECT:	TH AND BEAUTY LLC		
SUBJECT.	Name of Lim	ited 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:	
	CECILIA BRANNON		
		Name of Person	-
	USBR ACCOUNTING &	TAX SERVICES LLC	
		Firm/Company	
	1510 N 70TH TERRACE		
		Address	·:
	HOLLYWOOD, FL 33024	4	
		City/State and Zip Code	
	CECILIA@USBRTAX.CO	DM	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	·
CECILIA BRANNON		305 747 - 8000 at ()	سي
Name o	of Person	Area Code Daytim	c Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

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 06, 2022 and assigned 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 _____. Florida ______ 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 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>	Address	Type of Action
MGR	TIAGO MACHADO PEREIRA	7000 PALMETTO CIR S APT 703	□Add
		BOCA RATON, FL 33433	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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fective date, if other than t in effective date is listed, the date r ote: If the date inserted in this cument's effective date on the	block does not meet the a	pplicable statutory fi	(option r more than 90 days after fil ling requirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed a
ecord specifies a delayed effectis filed.	tive date, but not an effect	ive time, at 12:01 a.r	n. on the earlier of: (b)	The 90th day after the
ted	. 2024	 ·		
Alba C Ulivella	Signatura of a possible as	authorized management	iva of a mamba-	
RITA C OLIVEIRA		authorized representat	tive of a member	

Filing Fee: \$25.00