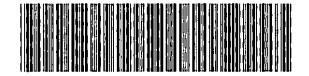
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SECRETARY OF STATE
TALLAHASSEF

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
our in an	EMILEE E	STHETICS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		EMILY SILVESTRI			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		EMILEE ESTHETICS LL	С		
			Firm/Company		
		805 E LIME ST #5			
			Address		
		LAKELAND, FL 33801			
			City/State and Zip Code		
		SILVESTRIEMILEE@GM			
For further ir	nformation c	e-mail address: (to be used for future annual report not all:	meanon)	
EMILY SIL			614 917-9466		
		f Person	at ()	ne Telephone Number	
	Name o	reson	Alea Codo Sajan	roopmane rambo	
Enclosed is a	check for th	ne following amount:			
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration S		Street Address: Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations The Centre of Tallahassee		
). Box 632 lahassee, I			oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMILEE ESTHETICS LLC		
(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number L22000391807	iability Company were filed on SEPTEMBER 7TH, 2022	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	ET ADDRESS)	- 9 8 -
	-	SECRE
Enter new mailing address, if applicable:		EP 21
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	SSEE S
		58 FAT
B. If amending the registered agent and/or i agent and/or the new registered office addre	registered office address on our records, <u>enter the nam</u> ss here:	e of the new registered
Name of New Registered Agent:	EMILY SILVESTRI	
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Fibrida	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>	Name	Address	Type of Action
AMBR	EMILY SILVESTRI	805 E LIME ST #5	□Add
		LAKELAND, FL 33801	
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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ffective date, if other than the date an effective date is listed, the date must be sported: If the date inserted in this block document's effective date on the Department.	oes not meet the application	able statutory filing re	(optional) than 90 days after filing. equirements, this date	Pursuant to 605.0207 will not be listed as
record specifies a delayed effective date l is filed.	e, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The	e 90th day after the
SEPTEMBER 14TH	2022			
	Gni	y Dule	<u>ui</u>	
Signa	iture of a member or author	orized representative of	a member	
•		•		

Filing Fee: \$25.00