## L 22000503468

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT:                                      | Permanent 4                                  | lakeup by I   | ngrid L.L.C.  |  |  |
|---|--|---|---|--|--|
|   | Name of Lim                                  | ited Liability Company  |   |  |  |
|   |  |   |   |  |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub                 | mitted for filing.  |   |  |  |
| Please return all correspo                    | ondence concerning this matter               | to the following:   |   |  |  |
|   | Ingel  | d Maran7  | e   |  |  |
|   |  | Name of Person  Pirm/Company  |   |  |  |
|   |  | Firm/Company  | <del></del>   |  |  |
|   | 3391 18t# A                                  | VE NE<br>Address  |   |  |  |
|   | NAPLES,                                      | FLORIDA, 34<br>City/State and Zip Code                              | 120   |  |  |
|   | E-mail address: (                            | o be used for future annual report por                              | lahoo-com.  |  |  |
| For further information of                    | concerning this matter, please ca            | •   |   |  |  |
| Ingridi                                       | narante                                      | at 239, 961   | 0984.   |  |  |
| ' Name o                                      | of Person                                    | Area Code Daytin  | ne 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 & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| Mailing Addre                                 |  | Street Address:   |   |  |  |
| Registration Section Division of Corporations |  | Registration Section Division of Corporations                       |   |  |  |
| P.O. Box 632                                  |  | The Centre of   | -   |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| rermanent Makeup by Ingrid LCC   |
|--|
| (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 1/30/2023 and assigned Florida document number 222000503968  |
| 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:  Name of New Registered Agent: |
| Name of New Registered Agent: 179214 / IURUI) R  |
| New Registered Office Address:  Enter Florida street address   |
| , Florida  |
| 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 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 |
|--------------|----------------|---------------------------------------|----------------|
| M6R          | Ingrid Maxante | 3391 19 HAUNE<br>Naples Florida 34120 | <b>D</b> Add   |
|              | / (            | Naples Florida 34120                  | □Remove        |
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| ffective date, if other an effective date is listed, the other. If the date inserted ocument's effective date record specifies a delayer is filed. | he date must be spec<br>I in this block doe<br>e on the Departme | effic and cannot be pries not meet the appent of State's record | licable statutory f<br>ds. | r more than 90 o<br>lling requireme | ents, this date | .) Pursuant to 605.02<br>will not be listed |
| ated   |  |   | ·                          |                                     |                 |   |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00