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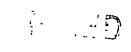
Registration Section
Division of Corporations

TO:

	ILLA O, LLCROZCO		
SUBJECT:	Name of Lin	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:	
	LAURA VILLA OROZCO)	
		Name of Person	
	LAURA VILLA ESTHET	IC STUDIO, LLC	
	·	Firm/Company	
	2241 WHITE PINE CIRC	LE D	
	_	Address	
	GREENACRES, FL 3341.	5	
		City/State and Zip Code	
	LAURAVILLAOROZCO@		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
LAURA VILLA		561 291-3551 at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 FEB 13 PM 1: 10

LAURA VILLA OROZCO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALL STATE

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The Articles of Organization for this Limited Liability Compa	ny were filed on 01/06/2023	and assigned
Florida document number 1.23000015935		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
LAURA VILLA ESTHETIC STUDIO, LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
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)		
(Mulling address MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	e address on our records, enter th	ie name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	Cïŋ·	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>	<u>Address</u>	Type of Action
MGR	LAURA M VILLA OROZCO	2241 WHITE PINE CIRCLE #D, GREENACRES, F	FL ■Add
			□ Remove
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an ef lote:	ive date, if other than the date of filing:
record is fi	rd 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 led.
ated	
	Laura Haya Will and Orto
	4 and love Oliver
	Favra Hotta Villa ODEO. Signature of a member or authorized representative of a member

Filing Fee: \$25.00