L23000025842

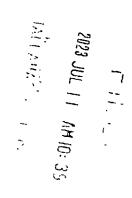
(Re	questor's Name)	<u> </u>
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co	ection _.		
SUBJECT: UHN	na Beauty LL Name of Limi	Cited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Erichso</u>	Name of Person 3	
	Erichson N	Junes Ultima B	eauty LLC
	3759 Grand	ewood Blud, ap	t 325
	<u>Orlando, F</u>	City/State and Zip Code	
	E-mail address: (1	nm @ amail com to be used for fathere annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Erichson Name o	Nunl3 of Person	at (324) 276 F Area Code Daytim	5291 e 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	RGANIZATION
0	F
	ZV23 JUL I I
Ultima Beaut	F 2023 JUL 11 AM 10: 35
(Name of the Limited Liability Compa (A Florida Limited I	ny ha it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company	were filed on $01/12/2023$ and assigned
Florida document number <u>L23000025842</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registered

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 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
			□Add
			□Remove
<u>_</u>		***************************************	□Add
			□ Remove
			Change
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		□Remove	
		Change	
		□Add	
			□Remove
			Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the the date on the Department of State's records.
he recor	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.
Dated	July 7th 2023 Erickson Nunes Signature of a member or authorized representative of a member
	Erichson Nunez
	Signature of a member or authorized representative of a member
	Erickson Nunca Typed or printed name of signee