L23000027919

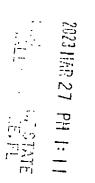
(Requestor's Name)
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COVER LETTER

4 TO:

TO: Registration S Division of Co			
BEAUTY SUBJECT:	V EXPORT LLC		
SUBJECT.	Name of Lis	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	VICTORIA MORAES		
		Name of Person	
	ASSELFIS INTERNATION	ONAL LLC	
		Firm/Company	<u> </u>
	7901 KINGSPOINTE PA	RKWAY SUITE 10	
		Address	
	ORLANDO, FL, 32819		2023 5115 131
	INFO@ASSELFIS.COM	City/State and Zip Code	2023 HAR 27
For further information of	E-mail address: concerning this matter, please c	(to be used for future annual report notificational)	OF STATE
VICTORIA MORAES		407 826-1034 at ()	
Name (of Person		ephone 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 tadditional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corpora The Centre of Tallal	
Tallahassee,	FL 32314	2415 N. Monroe Str	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTYV EXPORT LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 01/13/2023	and assigned
Florida document number L23000027919		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ulity Company." the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20 3 11 AR
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		(r) —
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter ti</u>	ne name of the new register
		·
New Registered Office Address:	Enter Florida street address	
	Flor	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 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
AMBR —	VERONICA L. O. TAVARES	3651 NW 25TH STREET	□Add
		MIAMI, FL, 33142	□Remove
			■ Change
			🗆 🗅 Add
			Remove
			□Change
-			202d HAR
			Remove
			PH DChange
			□Add
			Remove
			Change
			□Add
			Remove
		.	□ Change
-, ,			□Add
			□Remove

famending any other information, enter change(s) here: (Attach additional sheets,	y or vival 3.1
	<u> </u>
	
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	-
fective date, if other than the date of filing:	optional) after filing.) Pursuant to 605,020' s, this date will not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of filed.	of: (b) The 90th day after the
ed MARCH 22 . 2023	2023 HAR 27
Signature of a member or authorized representative of a member	2 7 :
VICTORIA MORAES, REPRESENTATIVE	
Typed or printed name of signee	- 1121 - 1

Filing Fee: \$25.00