L23000177504

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Durings Fativ Name)
(Business Entity Name)
(Document Number)
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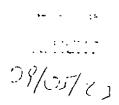


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SECRETARY OF STATE



TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Tuesday, August 29, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: H&C HANDYMAN, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

	istration Sc ision of Cor				
SUBJECT:	H&C	HANDYMAN, LLC			
		Name of Lin	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Corpor	ate Maintenance Le	ad	
			Name of Person		
		Prod	essing Department		
Firm/Company					
		2020			
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	Reno, NV 89502				
City State and Zip Code					2023 SEP -5 FH12: 40
		E-mail address; (to be used for future annual report noti	fication)	12:1
For further in	iformation c	oncerning this matter, please c	all:		0
P	rocess	ing Department	at (800) 638-2320		
	Name o	of Person		e Telephone Number	-
Enclosed is a	check for the	he following amount:			
☑ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of \$ Certified Copy (additional copy) is	tatus &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on nations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were file Florida document number L23000177504	ed on 04/10/23 and as	
Florida document number (220000177004)		signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	ipany here:	
EVE ESTHETICS, L	LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "I	LC.''
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2
		33 is:
	·	数量
Enter new mailing address, if applicable:		પ ૄૻૻૼૺ! • હૅ઼ઙૻૺ!
(Mailing address MAY BE A POST OFFICE BOX)	-	
	ř	2 2 E
	-	
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	dress on our records, enter the name	of the no
Name of New Registered Agent:		
New Registered Office Address:		
1	Enter Florida street address	
	. Florida	
Cin		

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 Title Name Address Type of Action □ Add □ Remove _□ Change ☐ Remove _□ Change _□ Add `□ ₩ ₩ ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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	0.1	
E. Effective date, if other than the date of filing: N/A (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t (b) The 90th day after the record is filed.	the earlier of:	:
Dated 29AUG2023 Signature of a member or authorized representative of a member		
Hilda Jimenez De Jesus		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00