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Special Instructions t	o Filing Officer:	
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SECTION AND 12 PH 2: 21

## **COVER LETTER**

	Registration Se Division of Corp		
CLID LECT	Limitless Be	eauty Esthetics & Spa LLC	
SUBJECT	1; <u> </u>	Name of Lim	ited Liability Company
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.
Please rett	urn all correspo	ndence concerning this matter	to the following:
		Diana Sanchez	
		101	Name of Person
		Limitless Beauty Esthetics	& Spa LLC
			Firm/Company
		8851 NW 112 Ave # 106	
			Address
		Doral, FL 33178	
			City/State and Zip Code
		info@beautyestheticsbyds.c	to be used for future annual report notification)
For furthe	er information c	oncerning this matter, please c	·
Andres Sa	anchez		786 3548136
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	is a check for th	ne following amount:	
■ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			2024 750 750
_	Mailing Addres Registration S	<del></del>	Street Address: Registration Section Division of Corporations
	Division of C P.O. Box 632	-	Division of Corporations  The Centre of Tallahassee
	Tallahassee, I		2415 N. Monroe Street, Suite 810776

check # 1125

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Limitless Beauty Esthetics & Spa LLC		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on and assigned	
Florida document number 92-3985170	·	
This amendment is submitted to amend the followin	ß:	
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 "L.L.C."	<del></del> -
Enter new principal offices address, if applicable	:	<del>_</del>
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	_
		_
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, enter the name of the new regisere:	tered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	_
_	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Regis	stered Agent:	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply will and complete performance of my duties, and I am familiar with and sed agent as provided for in Chapter 605, F.S. Or, if this datument stered office address, I hereby confirm that the limited liability ange.	<del></del> }

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

Name	Address	Type of Action
		🗆 Add
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		□Change
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Filing Fee: \$25.00