## L23000239351

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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC	***	'ax Studio LLC			
SUBJEC	.1.	Name of Limi	ited Liability Company		_
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		MAIRA SHUIKENOVA			
			Name of Person	• .	
		Sugaring Vibe LLC			
		<del>.</del>	· Firm/Company		- <u>-</u>
		346 NE 167th Street			
			Address		
		N. Miumi Beach, FL 33162	2		
		maira33160@gmail.com	City/State and Zip Code		_
			to be used for future annual re	port notification)	_
For furth	er information c	oncerning this matter, please co	all:		
Maira		•	305 587-3		
	Name o	f Person	at () Area Code	Daytime Telephone Num	her
Enclosed	l is a check for th	ne following amount:			
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif sed) Certif	Filing Fee, icate of Status & ied Copy mal copy is enclosed)
	Mailing Addres Registration S		<u>Street Add</u> Registrat	iress: ion Section	
	Division of C P.O. Box 632			of Corporations re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG 21 AM 8: 42

Sugaring Wax Studio LLC

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

(A Florida Limited Liability Company)

		. , ,	TEATHASSEE, FLORIDA	
The Articles of Organization for this Limited Liab	oility Company	were filed on 5/15/2023	and assigned	
Florida document number 1.23000239351	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
Sugaring Vibe LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:	346 NE 167th Street		
(Principal office address MUST BE A STREET		N. Miami Beach, FL 3316	2	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		346 NE 167th Street		
		N. Miami Beach, FL 33162		
B. If amending the registered agent and/or regagent and/or the new registered office address		iddress on our records, <u>e</u>	nter the name of the new registered	
Name of New Registered Agent:				
N. a. D. Januard O. C. a. M. J. a.	346 NE 167th S	Street		
New Registered Office Address:	Enter Florida street address			
	N. Miami Beac	h .	Florida 33162	
		City	Florida <sup>33162</sup> Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this cl	and complete ered agent as p gistered office	performance of my dutie provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is	

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	MAIRA SHUIKENOVA	346 NE 167th Street	□Add
		N. Miami Beach, FL 33162	□Remove
	•		<b>■</b> Change
			□Add
			Remove
			□Change
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ective date, if other than the date of filing:	Hing or more than 90 days after	
te: If the date inserted in this block does not meet the applicable status nument's effective date on the Department of State's records.	lory filing requirements, thi	s date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12: is filed.	(0) a.m. on the earlier of: (1	5) The 90th day after th
ted 08.15.2023		
Signature of a member of authorized top:	Sentative of a member	
	.,,	

Filing Fee: \$25.00