L 23000346847

(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:

	gistration Se ision of Cor				
SUBJECT:	PRADO BEAUTY WELLNESS LLC				
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		ELIWAR DECARVALHO)		
			Name of Person	·	
		ERC CONSULTING INC			
			Firm/Company	<u> </u>	
	4701 N FEDERAL HWY STUITE 470				
			Address		
		POMPANO BEACH FL 3	3064		
			City/State and Zip Code		
		polyanahprado@gmail.com			
		E-mail address: (to be used for future annual report noti	fication)	
For further i	nformation co	oncerning this matter, please ca	all:		
			at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	ne 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)	
	iling Addres		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations			Division of Corporations		
	D. Box 632		The Centre of T		
Ta	Hahassee, 1	·L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRADO BEAUTY WELLNESS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/24/2023}{1}$ and assigned Florida document number L23000346847 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRADO BEAUTY AND WELLNESS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
		 	□Add
			□Remove
			Change
			🗀 Remove
			□Change
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Filing Fee: \$25.00