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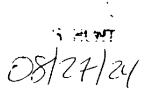
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filips Officer
Special Instructions to Filing Officer:





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COVER LETTER

TO:

	gistration Servision of Corp				
ou n ir ca.		IMAGEN SALON LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		ISABEL FIGUEREO MA	RTES		
			Name of Person		
		LA NUEVA IMAGEN SA	LON LLC		
			Firm/Company		
		1263 W COLUMBIA AVI	9		
			Address		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For further	information c	oncerning this matter, please c	all:		
ISABEL FI	IGUEREO MA	ARTES	407 417-8397 at ()		
Name of Person			ne 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)	
Mailing Address: Registration Section		Street Address: Registration Section			
		orporations	Division of Co	rporations	
	O. Box 632		The Centre of		
1.8	allahassce, I	TL 32314	2410 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA NUEVA IMAGEN SALON LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our distribution of the company)	records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 01-05-2024	and assigned
lorida document number L240000016350		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	 	
	<u></u>	<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1 21
		- ii &
. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records,	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	p	
	Enter Florida street	address
-		, Florida
	City	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	HENRY FERNANDEZ	1613 PEREGRINE FALCON WAY 107	□ Add
		ORLANDO FL 32837	≡ Remove
			□Change
· -			□ Add
			□Remove
			Change
		 	□Add
			□Remove
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ective date, if other than the date of file	AUGUST 21,	, 2024	(opti	onal)		
effective date is listed, the date must be specific a e: If the date inserted in this block does no	taria diminion de princi no		re than 90 days after	filing.) l	ursuant to 60	05.02 sted
ument's effective date on the Department of		ic states of ming	requirements, un	o date		0.44
					0.7.1	
cord specifies a delayed effective date, but reflict.	not an effective time	e, at 12:01 a.m. o	i the eartier of: (b) the	90th day af	ter th
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Filing Fee: \$25.00