## L24000071388

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO:

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SUBJE	cŤ:	Rici	hards Extra	Touch Beauty LL mited Liability Company	<u>C</u>
				mino Busini, Company	
The end	closed	Articles of	Amendment and fee(s) are su	ibmitted for filing.	
Please 1	return	all correspo	ondence concerning this matte	er to the following:	
			Rich	ard Herra Name of Person	
				Firm/Company	2021, KAI SECRE TALLI
			299/ NW	214 Street	TARY O
				Address	SECRETARY OF STATE TALL ANTASSEE, FL
			Theria 6	City/State and Zip Code  O yahoo. com  (to be used for future annual report notifi	cation)
For fur	ther in	formation c	oncerning this matter, please	call:	
	J-	Richa	rd Heria	at ( <u>305)</u> 333 Area Code Daytime	
		Name o	r Person	Area Code Daytime	Telephone Number
Enclose	ed is a	check for th	ne following amount:		
<b>⊠</b> \$2:	5.00 Fi	ling 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)
		ing Addres		Street Address: Registration Sec	tion
	Div	ision of C	corporations	Division of Corp	porations
		. Box 632 abassee T	.7 FL 32314	The Centre of Ta	allahassee Street, Suite 810
	. 411	anasset, l	. L JLJ17	ATID IN MICHIGO	Sucon Same OTO

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kich ards Extra /p.  (Name of the Limited Liability Comp	uch deauty LLC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	p <mark>any as it now appears on <del>g</del>ur records.</mark> ) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>224000071388</u>	by were filed on $\frac{2/4/24}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Miami Gardens &
(Principal office address MUST BE A STREET ADDRESS)	Miami Gardens 3
Enter new mailing address, if applicable:	SET STATES
(Mailing address MAY BE A POST OFFICE BOX)	The second secon
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	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 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
AMBR	Richard Heria	2991 NW 214 St Miami Gardens Fl 33056	🗆 Add
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			DChange
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tument's effective of	date on the Department	of State's records.			
cord specifies a del	layed effective date, but	t not an effective ti	ne, at 12:01 a.m. on	the earlier of: (b) The	: 90th day after th
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