

L240000118133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

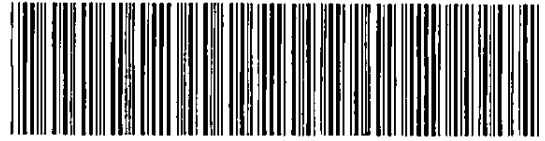
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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AVELANGI HEALTH & BEAUTY LLC

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/08/2024 and assigned
Florida document number L24000118133

This amendment is submitted to amend the following:

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."

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:

Medela Cordova, Santa A

New Registered Office Address:

5327 TIMBERLAND AVE

(Use Florida street address)

SAINT CLOUD

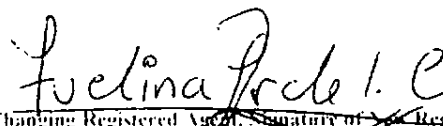
Florida 34771

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 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>	<u>Type of Action</u>
MGR	PEREZ RASSI, IGOR J	5327 TIMBERLAND AVE	[Add]
		SAINT CLOUD, FL 34771	[Remove]
			[Change]
MGR	Medela Cordova, Santa A	5327 TIMBERLAND AVE	[Add]
		SAINT CLOUD, FL 34771	[Remove]
			[Change]
			[Add]
			[Remove]
			[Change]
			[Add]
			[Remove]
			[Change]
			[Add]
			[Remove]
			[Change]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal dashed lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date but not an effective time, at E of a my on the earlier of (b) The 90th day after the record is filed

Dated 11 September 2024

Santa Medela Cordova

Signature of a member or authorized representative of a member

SANTA MEDELA CORDOVA

Typed or printed name of signer