L24000174218

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000174013 3)))

H24000174013 3ABCW

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Division of Corporations
Fax Number : (850)617-6383

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2024 MAY 15 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2024 MAY 15 PM 12:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OH LA LASHES BY ROSS, LLC

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T. LEMIEUX

MAY 16 2024

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May 15, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OH LA LASHES BY ROSS, LLC
9725 SW 125 TERRACE
MIAMI, FL 33176US

SUBJECT: OH LA LASHES BY ROSS, LLC
REF: L24000174218

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please state the action (add, remove or change) you wish for ROSSANA LACAYO.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000174013
Letter Number: 224A00010634

(H24000174013 3)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OH LA LASHES BY ROSS, 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 4/16/2024 and assigned Florida document number L24000174218.

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)

9725 SW 126th Terrace
Miami, Florida 33175

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

c/o Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

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: Paracorp Incorporated

New Registered Office Address: 155 Office Plaza Drive, 1st Floor
Enter Florida street address

Tallahassee, Florida 32301
City *Zip Code*

FILED
2024 MAY 15 PM 2:07

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

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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

Title	Name	Address	Type of Action
MGR	Rossana Lacayo	9725 SW 126th Terrace	☐Add
		Miami, Florida 33176	☐Remove
			☒Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
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			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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To amend any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

5. 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)(c).
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 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Date: May 10, 2024

Signature of a member or authorized representative of a member

Rossana Lacayo

Typed or printed name of signer

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: May 14, 2024

ENTITY NAME:

OH LA LASHES BY ROSS, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

L. Herrera

Leticia Herrera, Assistant Secretary
Paracorp Incorporated