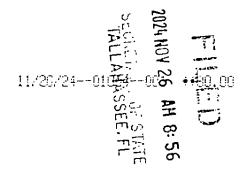
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

· • • • •					
SUBJECT:	JTR (OSMETIC CAR CARE LLC Name of Limited Liability Company				
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	THEIBERT TORO Name of Person				
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: THE RET TORO Nume of Person THE COSMETIC CAR CARE LLC Firm/Company 3821 N PINE ISLAND RD, Apt 230 Address SUNRISE, FL 3335 I City/State and Zip Code TTRCOSMETIC CARE COMPANIAL CO	<u> </u>			
	3821 N	PINE ISLAND RD, E Address	4pt 2303		
	JTR COSME + E-mail address: (to be used for future annual report notific	cation)		
For further information con					
THEIBERT T Name of P	C RU erson	at (954) E 1296 Area Code Daytime	7-4- Telephone Number		
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registration Se		Registration Sect			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

+ 1 0 0 0	action and case lifelier
(Name of the Limited Li	SMETIC CAR CARE LLC 25-6-12 Jability Company as it now appears on our respective OV 26 AH 8: 56
(Å FI	lorida Limited Liability Company) 4924110 4 25 Ari 8: 56
e Articles of Organization for this Limited Liabili	ity Company were filed on 10/15/12/1
orida document number <u>L 24000440</u>	
is amendment is submitted to amend the following	ng:
If amending name, enter the new name of the	: limited liability company here:
new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	::
rincipal office address MUST BE A STREET AI	
ter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX	
	tered office address on our records, enter the name of the new regi
ent and/or the new registered office address he	<u>ere</u> :
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address Florida City Zip Code

ľ

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	THEIBERT TORO	3821 N PINE ISLAND RD APT 2303, SUNRISE FL, 3335	IAdd
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ective	date, if other than the	date of filin	g:			(optional)	
i effecti	ve date is listed, the date must he date inserted in this blo	, be specific and	cannot be prior	o date of filing or ble statutory fi	more than 90 da	ys after filing.) P	ursuant to 605.0207 Il not be listed as
	's effective date on the De			··			
cord sp s filed.	pecifies a delayed effective	date, but not	an effective tir	ne, at 12:01 a.r	n, on the earlie	rof:(b) The 9	Oth day after the
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ted	November	11th	2024				
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		Signature of a	member by autho	rized representat	ive of a member		
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		JHEIE	YRT TO	20			