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To:

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

From:

Account Name : MORISON TAX TEAM LLC
Account Number : I20200000187
Phone : (786)757-2436
Fax Number : (786)513-5977

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

Email Address: _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CDEL AESTHETIC GROUP LLC**

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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H250000615773

COVER LETTER**H250000615773****TO: Registration Section
Division of Corporations****SUBJECT: CDEL AESTHETICGROUPLLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON

Name of Person

MI TAX TEAM LLC

Firm/Company

3625 NW 82 Avenue SUITE 318

Address

DORAL, FL 33166

City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON

786 7572436
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**H250000615773**

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

H250000615773

CDEL AESTHETIC GROUP 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 01/23/2025 and assigned
Florida document number L25000042066.

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)

3625NW 82ND AVE

SUITE 100KK

DORAL, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3625NW 82ND AVE

SUITE 100KK

DORAL, FL 33166

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: _____

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CuevasGraterol, Maryna H	3625 NW 82ND AVE	<input type="checkbox"/> Add
		SUITE 100 KK	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input checked="" type="checkbox"/> Change
AMBR	Sanchez Revette, William W	3625 NW 82ND AVE	<input type="checkbox"/> Add
		SUITE 100 KK	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 17

2025

Signature of a member or authorized representative of a member

MARYNA H CUEVAS GRATEROL

Typed or printed name of signee

H250000615773