L1900009550

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SECRETARY OF STATES

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The queen Couture Beauty Line LLC 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:
Lynn Warren Name of Person
The Queen Couture Beauty Line
5047 Rambler Rose Way
West Palm Beach FL 33415 City/State and Zip Code
the queen but we beauty ne of gnail. Com E-mail address: (to be used for future annual report philification)
For further information concerning this matter, please call:
Name of Person at (8B) 241-5992 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee.}\$\$\$\$ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

		2020 SEP 14 AM 9: 29
(Name of the Limited Liability Compa (A Florida Limited	ore beauty any as it now appears on our Liability Company)	FOR TARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number L.190009550L	were tiled on April	08-2019 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited ligh	oility company here:	
The new name must be distinguishable and contain the Words "Limited Liab	Seauty Liv	n "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)	Po Box 2 Royal Palx	210844 n Bub 14.33421
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	City	, Florida
	Cliv	zip cone

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 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>	Name 1,100120150	Address 5047 Rambier Rose	Type of Action
<u>ngr</u>	Name Lynn Warren Pranager	PO BOX 210844	Add
	J	RoyalPalm Bch 1F1.	33421 DRemove
			□Change
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			□Remove
			□ Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
ne record ord is file	I 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 ed.
Dated <u>!</u>	September 4th 2020.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00