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COVER LETTER

	ED BEAUTY LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	En sign
The enclased Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: HANAL COLE			
	HANAI L. COLE		5,
	- · · · · · · · · · · · · · · · · · · ·	Name of Person	
	CROWNED BEAUTY		
		Firm/Company	
	2600 CANAL ROAD		
		Address	
	MIRAMAR, FL 33025		
	• • •	City/State and Zip Code	
		_	
		·	ation)
For further information	concerning this matter, please c	all:	
HANAI L. COLE			
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
•		ū	
	•	-	
Tallahassee,	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	ТО	
ARTICLES	S OF ORGANIZATION	5
	OF	The same
		ecords.)
CROWNED BEAUTY LLC.		-
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our re a Limited Liability Company)	ecords.)
(Controlled to the control to the co	,	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability C	Company were filed on APRIL 1,202	20 and assigned
Florida document number L20000094322		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company "the designation"	"LLC" or the abbreviation "LLC"
The new name must be distinguishable and contain the words than	med thatmy company, the designation	The of the above viation (2.12.6.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Entar nove mailing address if analisables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u> r	nter the name of the new registered
igent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
hereby accept the appointment as registered agent		I further garee to comply with the
provisions of all statutes relative to the proper and c		
accept the obligations of my position as registered ag		•
being filed to merely reflect a change in the registere		n 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
CEO	HANAI L.COLE	2600 CANAL ROAD, MIRAMAR FL, 33025	🖺 Add
		ADD	□Remove
			□Change
MGR	JAHNEKA COLE	2600 CANAL ROAD, MIRAMAR FL 33025	□Add
		REMOVE	
			≘ Change
MGR	FARRAW GERMAIN	14187 PAVERSTONE TERRACE.	□∧dd
		DELRAY BEACH FL 33446	□Remove
		REMOVE	≡ Change
MGR	HILVETT BUCHANAN	2600 CANAL READ	□Add
		MIRAMAR, FL 33025	□Remove
		AUTHORIZED MEMBER	Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
		,,,	□Change

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<u> </u>			
			
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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 cock does not meet the applicable sta	f filing or more than 90 days after filing.) Pursuant to 605.02 tutory filing requirements, this date will not be listed)7 (3) as the
e record specifies a delayed effective and is filed.	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after th	e
Dated APRIL 24	2020		
	Chara		

Typed or printed name of signee