

L20 000 366358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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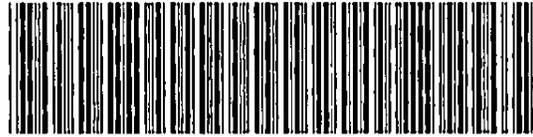
(Business Entity Name)

(Document Number)

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2/1/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELESTE BEAUTIQUE 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:

CELESTE MALDONADO

Name of Person

CELESTE BEAUTIQUE LLC

Firm/Company

11705 BOYETTE RD, SUITE 537

Address

RIVERVIEW, FL 33569

City/State and Zip Code

eelestebeautique@gmail.com

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

For further information concerning this matter, please call:

CELESTE MALDONADO

813 804-0856
at ()
Area Code Daytime Telephone Number

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

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

CELESTE BEAUTIQUE 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 NOVEMBER 19, 2020 and assigned Florida document number L20000366358.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

11705 BOYETTE RD

SUITE 537

RIVERVIEW, FL 33569

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11705 BOYETTE RD

SUITE 537

RIVERVIEW, FL 33569

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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:

ENEIDA SHANNON

New Registered Office Address:

1647 LEDGESTONE DR

Enter Florida street address

BRANDON

City

Florida 33511

Zip Code

Now 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

When adding 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>	<u>Address</u>	<u>Type of Action</u>
MGR	RAQUEL RANGEL	11705 BOYETTE RD, SUITE 537	<input type="checkbox"/> Add
		RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CELESTE MALDONADO	11705 BOYETTE RD	<input checked="" type="checkbox"/> Add
		SUITE 537	<input type="checkbox"/> Remove
		RIVERVIEW, FL 33569	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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