

121000477887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

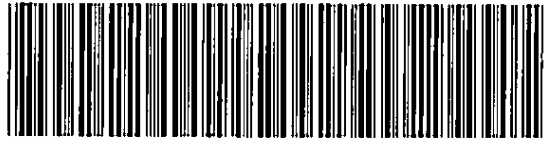
Special Instructions to Filing Officer:

Name was filed in error. A free amendment was used to fix the error.

11/16

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

PHILOSOPHY OF BEAUTY L.L.C

SUBJECT: _____

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:

Komal Tahir

Name of Person

Firm/Company

14030 Biscayne BLVD Apt 804

Address

North Miami Beach, Florida, 33181

City/State and Zip Code

Komal@komaltahir.com

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

For further information concerning this matter, please call:

Komal Tahir

Name of Person

at (917) 977-0737
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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations

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TALLAHASSEE, FLORIDA

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

(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
assigned

11/04/2021

and

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

L21000477887

Florida document number _____

This amendment is submitted to amend the following:

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

Philosophy of Beauty Universal LLC

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:

same address

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

same mailing address

(Mailing address MAY BE A POST OFFICE BOX)

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.

Agent

If Changing Registered Agent, Signature of New Registered

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TALLAHASSEE, FLORIDA

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 of Action</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
Add			☐
Remove			
Change			
Add			☐
Remove			
Change			
Add			☐
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Change			
Add			☐

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 TALLAHASSEE, FLORIDA

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

I am changing the name from Philosophy of Beauty L.L.C. to Philosophy of Beauty Universal LLC.

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 11/17/2021

Komal Tahir

Signature of a member or authorized representative of a member

Komal Tahir

Typed or printed name of signee

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