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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BEAUTY 67 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:
Winnie Janvier
Marile of Ferson
Firm/Company
1725 Rodeo Drive
Tallahasser FL 32311 City/State and Zin Code
Winniez janvier e gmail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Winnie Janvier 1003-7078
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

BEAUT	Y 67 LLC
( <u>Name of the Limited L</u> (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number LIIDOOO 3	lity Company were filed on 1102011 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the LOVE THY SCRUE The new name must be distinguishable and contain the words	"Limited Liability company here:  "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 A	DDRESS)
Enter new mailing address, if applicable:	, , , , , , , , , , , , , , , , , , ,
(Mailing address MAY BE A POST OFFICE BO)	N2
B. If amending the registered agent and/or regis	tered office address on our records, enter the name of the new registered
agent and of the new registered office address in	4: 50 FLE
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 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
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e record sprd is filed.	pecifies a c	lelayed effe	ctive date,	, but not a	m effectiv	re time, at	2:01 a.m.	on the earl	ier of: (b)	The 90th	h day after th
Dated	May	13, 7	2021								
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			Signati	ure of a m	ember dra	uthorized re	presentative	of a memb	er		

Filing Fee: \$25.00