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13 AUG 23 PM 1: 2



SP 8/23

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

00,000

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:

Mberly M. Wallac

_

3125 529 AVE.

Address

Bradenton A 3-00:

Beveryhils diva and Beaus Boutique @ ad con

For further information concerning this matter, please call:

Mimborry Wlea

at (

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fcc

☐\$30.00 Filing Fee & Certificate of Status

☐\$55.00 Filing Fcc &
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	& Beaus' B	outique GROSI	ning
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our bility Company)	<u>recordé.</u>) Sa	low LLC
The Articles of Organization for this Limited Liability Company was Florida document number <u>L1300049800</u>	vere filed on 4/8	//3 and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the	designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		SE	13
		\(\frac{1}{2} \)	23 EA
Enter new mailing address, if applicable:		H_	
(Mailing address MAY BE A POST OFFICE BOX)		Q _S	(
			2
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:		ords, <u>enter the name</u>	of the new
			
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	
	City	Zip Cod	le .
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ite performance of my d ovided for in Chapter 6	uties, and I am familia 108, F.S. Or, if this doc 108 that the limited liabi	r with and nument is lity

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	nger naging Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	Dawn Fertig	47005 South Tamiam	Add
	0.5	Trail	Remove
		Sarasota 31231	_
MCR	Kimberly Wallace	4605 South Tamiani	Add
	,	Trail	Remove
	,	SArAENTO, Fl 34231	_
MGRY	Kimbary wallace	4605 Sudh Trainion	N Add
	,	Trail	Remove
		SAYABSTO F1 34031	_
<u></u>			Add
			Remove SS SS
			AUG 23
			
			Remove
			_
			Add
			Remove
			_

). If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Que	anth and
ated Fill	, <u>005</u> .
	womberly Whallace
	Signature of a member or authorized representative of a member
4	simberly JILI Lexilars
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00