

L130000 60976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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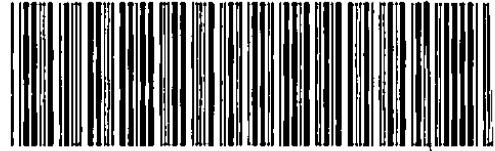
(Business Entity Name)

(Document Number)

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09/23/19--01041--020

SEP 23 2019  
CALIFORNIA STATE FILA-ION

SEP 23 2019

FILED

SEP 23 2019

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palm Beach Beauty International LL  
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:

Christine Herceg  
Name of Person  
palm beach beauty Int'l LLC  
Firm/Company  
4655 Longbow Dr.  
Address  
Titusville, FL 32796  
City/State and Zip Code  
Pinkrose103@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Herceg at (772) 321-6579  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Palm Beach Beauty International L  
(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 April 26, 2013 and as  
Florida document number L13000060976

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4655 Longbow Dr  
Titusville, FL  
327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

B. If amending the registered agent and/or registered office address on our records, enter the name  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Christine Herceg

New Registered Office Address:

4655 Longbow Dr.

Enter Florida street address

Titusville

City

Florida

327  
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.

Christine Herceg  
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
			<input type="checkbox"/> Ac
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			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Rer
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Rerr
			<input type="checkbox"/> Chai

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

E. Effective date, if other than the date of filing: 9/10/19 (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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 day of the month specified.  
(b) The 90th day after the record is filed.

Dated

9/10/19

Christine Herceg

Signature of a member or authorized representative of a member

Christine Herceg

Typed or printed name of signee