L1500007E379

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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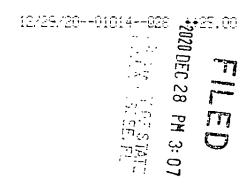
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COVER LETTER

TO:

	Registration Sec Division of Cor						
carry and		HAIR & NAIL STUDIO LLO					
SUBJEC	1;	Name of Lim	ited Liability Company				
The encle	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		RAQUEL FERNANDEZ	TOSADO				
			Name of Person				
			Firm/Company				
		2020 DEC 28					
		WEST PALM BEACH, FI			EC 2		
			City/State and Zip Code	<u> </u>			
			to be used for future annual report notif	ication) (17%,	P# 3: 07		
For furthe	er information c	oncerning this matter, please c	all:	;	07		
ERICA C	CARRENO		561 541-9853 at ()		_		
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.00 Filing Fee			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy	cate of Status &		
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction			
	Division of C	orporations	Division of Cor The Centre of T	porations			
	P.O. Box 632 Tallahassee, I			ananassee 2 Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number L15000078379	ompany were filed on 05/04/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
BLISS BEAUTY LOUNGE LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2020 CEC 28 PH 6
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	onice address on our records, <u>er</u>	arer the figure device new regular
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

RAQUEL'S HAIR & NAIL STUDIO LLC

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
AMBR	CINDY VAGLINI	325 SOUTH DIXIE HIGHWAY	
		WEST PALM BEACH, FL 33401	■Remove
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Note: If the d	late inserted in	in the date of fl ate must be specific this block does n the Department	iot meet the ap	plicable stat	filing or more outory filing re	(opt han 90 days afte quirements, th	ional) er filing.) Pursu is date will no	ant to 605. of be fiste	0207 d as
e record specif rd is filed.	ies a delayed e	ffective date, but	not an effecti	ve time, at 13	2:01 a.m. on t	he earlier of: (b) The 90th	day after	the
Dated NOVE	MBER 10		2020	·					
	1	12		Y					
	Pague	<u>Je na</u> Signature	of a member or:	authorized rep	oresentative of a	member			

Filing Fee: \$25.00