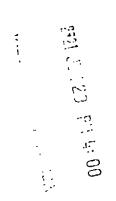
L16000132620

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:









CoverSheet From Ms. Meaghan Coplin 17730 NW 13th COURT Miami Gardens, Fl 33/69 186-635-5563 (Cellular) mscoplin@icloud.com

To whom it may concern;

Please-find enclosed my documents to amend my business name. If there are any-further questions please (all 786-635-5563. I've enclosed \$ 60 money order to cover for the processing fees for my request. Thank you and have a wonderful day.

Warm Regards

COVER LETTER

SUBJECT: EDEN DRE	EAMS 85 BUSINESS CONSULT	ING/CONTACT RESOLUTI	ONS LLC
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
		Meaghan Coplin	
		Name of Person	
		Firm/Company	
	1	7730 NW 13th Court	
		Address	
	Mia	umi Gardens,Fl 33169	
		City/State and Zip Code	
		nscoplin@icloud.com to be used for future annual re	port notification)
For further information c	oncerning this matter, please ca		,
Meagha	n Coplin	at (<u>786</u>) Area Code	635-5563
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

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

EDEN DREAMS 85 BUSINESS CONSULTING/CONTACT RESOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L16000132620__ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Beauty Assassins 305 Glamhouse, 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: (Principal office address MUST BE A STREET ADDRESS) 29 Enter new mailing address, if applicable: (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

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 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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			E Remove
			: □Change -v. □A'dd
			□Add F: O □Remove
			□Add
			□Remove
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ective date, if other than the date of filing: 05/24/202 reffective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records.	1 ale of filing or more than 90 statutory filing requirer	(optional)) days after filing.) Pu ments, this date wil	irsuant to 605.02 I not be listed a
cord specifies a delayed effective date, but not an effective time, s filed.	at 12:01 a.m. on the ear	rlier of: (b) The 9	Oth day after th
ed 24th of May 2021	4		
Signature of a member or authorize			