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JUN 23 2020

COVER LETTER

TO:

<u>S</u> .	Beauté LLC
	ited Liability Company
mendment and fee(s) are sub	omitted for filing.
lence concerning this matter	to the following:
Sa	Woya MFudden Name of Person
	Mink Dall-7 LLC Firm/Company
3900 Com	mercial Blyd Tamarac, FL Address
	FL 33309 Suite Z09 City/State and Zip Code
E-mail address: (i	14 a 4m a.1. com to be used for future annual report notification)
cerning this matter, please ca	all:
MCFaddo	at (959) 268-3109 Area Code Daytime Telephone Number
Clovii	Audi Code 17ayılını Felepinode Naniwel
following amount:	
☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address:
	Registration Section
rporations	Division of Corporations
32314	The Centre of Tallahassee
	Name of Lim mendment and fee(s) are sub- lence concerning this matter Sayo E-mail address: (acerning this matter, please of the concerning this matter) following amount: \$\int \$30.00 \text{Filing Fee & }

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M.	nk Dallz LL	2020 JUN -8 Pri 5:21
(Name of the Limited Liab (A Flor	bility Company as it now appears or rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on <u>0</u>	$2 (19, 70) \varphi$ and assigned
Florida document numberL\600027.8	1930	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
S. Beau	te LLC	
The new name must be distinguishable and contain the words "l.	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	*****	
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
agent and/or the new registered office address here	<u>:</u> •	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		. Florida
	City	riorida 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>	<u>Address</u> 2020 JUL −8 PH 5: 21	Type of Action
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fan effective <u>Note:</u> If th	late, if other than the date of filing: 1 PC 17, 7 s 16 (optional) e 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 605.0207 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
e record spc	exifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
rd is filed. Dated	······································
	Signature of a member or authorized representative of a member