

L17006000954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

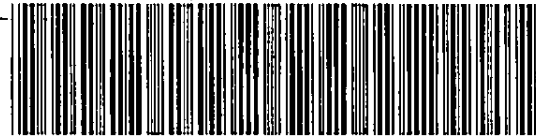
(Business Entity Name)

(Document Number)

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OCT 10 P 3:02  
TALLAHASSEE, FLORIDA

SCOTT

OCT 11 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Absolute Beauty Hair & Cosmetic Supply LLC

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:

Shayla R. Malcolm

Name of Person

Absolute Beauty Hair & Cosmetic Supply

Firm/Company

818 sw 73rd ave

Address

North Lauderdale, FL 33068

City/State and Zip Code

malcolms Shayla@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shayla Malcolm

786

6785209

at ( )

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

TALLAHASSEE, FL 32301

2017 OCT 10 PM 3:02

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Absolute Beauty Hair & Cosmetic Supply LLC

(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 01/04/2017 and assigned  
Florida document number L17000000954.

This amendment is submitted to amend the following:

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

Rooted Opulence 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:

818 SW 73rd Ave

(Principal office address MUST BE A STREET ADDRESS)

North Lauderdale, FL 33068

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

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Keyanna V. White	601 Maricopa Dr	<input type="checkbox"/> Add
		Kissimmee, FL 34758	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 JUN 10 2012  
 TALLAHASSEE, FL 32302

[illegible]

10/03/17

(optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 16/02, 2017

  
Signature of a member or authorized representative of a member

Shavla R. Malcolm

Typed or printed name of signee