## L170000 49131

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Beauty Plug, 11C Name of Limited Liability Com	pany
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter to the following:	
Jezzmin Pierre Name of Person	
The Beauty Plug, LLC Firm/Company	
1808 SE North Butterwood Dr. Address	
Portst Lucie, FL 34952  City/State and Zip Code	
E-mail address: (to be sized for future annual report notification)	
For further information concerning this matter, please call:	
Jezzmin Pierre at (772) 62  Name of Person Area Code (172) 626	6-1593 & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING AD	DRESS:
Registration Section Registration Section Sec	
Division of Corporations Division of Co- Clifton Building P.O. Box 6327	poracions
2661 Executive Center Circle Tallahassee, Fl	orida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 Filing Fee	& Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	<del></del>
(A Florida Limited Liability Columbany)		
he Articles of Organization for this Limited Liability Company were filed on	3/2/17	and assigned
lorida document number <u>L1700004913</u> .		
his amendment is submitted to amend the following:		
16di		
. If amending name, enter the new name of the limited liability company her	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbr	reviation "L.L.C."
		N.3
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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	••	~-1
	••	<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	£ ·	$\circ$
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 egistered agent and/or the new registered office address here:	our records, enter the	22 23 23 00
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
Enter Flori	da street address	
	, Florida	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title **Type of Action** Name Address Quezzy Pierre 1908 SE N. Buttonwood Dr. - Add ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove □ Remove **(..)** □ Change ☐ Remove ☐ Change

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Filing Fee: \$25.00