# L170000 95181

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2019 OCT 16 AH 10: 45

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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	T: Beautifully Base LLC Name of Limited Liability Company	
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	RayAnna Diego Name of Person	
	Firm/Company	
	Address	
	Jacksonville FL 32217 City/State and Zip Code	
	beautifully barelle agrail. Com E-mail address/(to be used for future annual report notification)	
For furth	er information concerning this matter, please call:	
<u>Ra</u>	Name of Person at 904 675-4003  Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	
\$25.0	00 Filing Fee   \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Beautifully Bare LLC	2319 CCT 16 AH 10: 45
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700095181</u> .	were filed on $\frac{4/28/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Royalty Beauty and Boutique The new name must be distinguishable and contain the words "Limited Liabi	The Committee of LCT and a sharp in the William Committee of LCT
The new name must be distinguishable and contain the words. Thinted Liabi	
Enter new principal offices address, if applicable:	4221 Baymeatous Rd.
(Principal office address MUST BE A STREET ADDRESS)	# 1
	Jacksonville + 1 32817
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	,
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
۸	į.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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>	Type of Action
		<del></del>	□ Add
			Remove
		<del> </del>	Change
	<del></del>		∩ Add
		<del></del>	Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
	<del></del>	<del></del>	☐ Change
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		<del></del>	☐ Remove
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		<del></del>	
			□ Remove
			□ Change

	<del></del>
(If an e <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	Date with a company
Dated	Othor Him 3019.
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00