L17000)176035

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



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JAN 25 2020 S. YOUNG

COVER LETTER

10: Registration Se Division of Cor		•	
SUBJECT:	BEAUTY A	1ATRIX LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		NING LUI Name of Person	
		Name of Person	
	BE1	Firm/Company	
		Firm/Company	
	6837 FIN	AMORE CIR'	
		Address	
	LAKE	WORTH FL 33 City/State and Zip Code	467
	Deauty mat	rix llc @ zmail. c.	lication)
For further information c	oncerning this matter, please c		
WING L	Ш	561 506-	- 9774
Name o	f Person	at (<u>561</u>) <u>506</u> - Area Code Daytim	e Telephone Number
Enclosed is a check for the			
\$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 Addres	ss:	Street Address:	
Registration S	Section	Registration Se	
Division of C	ornorations	Division of Cor	morations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

h		≥ 1 0
BEAUTY MATRIX	LC	<u> </u>
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	
		O Ti
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L17000176035</u> .	·	<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
·		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
	agin Alter I Ald	
Enter new principal offices address, if applicable:	Palm Beach Gardens	
(Principal office address MUST BE A STREET ADDRESS)	Palin Beach Clardens	FC 35410
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
N. D. St. 1007 - Alberta		
New Registered Office Address:	Enter Florida street address	##
	F1 - 1 1	
	Florida 	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
· · · · · · · · · · · · · · · · · · ·		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as p	performance of my duties, time Fam provided for in Chapter 605, F.S. Oi	r, if this document is
being filed to merely reflect a change in the registered office	address. I hereby confirm that the l	imited 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
		N/A	□Add
		□Remove	
		□Change	
		□Add	
		□Remove	
		🗆 Add	
			□Remove
			□Change
		□Remove	
		□ Change	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

	
Note: If the	date, if other than the date of filing:
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 16th 2019
	Signature of a member or authorized representative of a member
	dignature of a member of authorized representance of a member

Filing Fee: \$25.00

CITY OF PALM BEACH GARDENS

BUSINESS TAX RECEIPT

10500 N. MIEITARY, TRL. PALM BCH GARDENS, FL 33410

2019 / 2020

No: 023089

EXPIRES'SEPTEMBER 30, 2020

2019 / 2020

BEAUTY MATRIX LLC Address: DBA:

3804 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403 ∵ú[

NAILS & WAXING SERVICES AT MY SALON'S UITES - NORTHLAKE COMMONS Activity:

Beauty/Salon/Spa/Cosmetics BEAUTY MATRIX LLC 6837 FINAMORE CIR LAKE WORTH, FL 33467

Issued to:

MUST BE POSTED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS Per City Code Sec. 66-44

Yend Cortez | CERTIFIED BUSINESS TAX OFFICIAL