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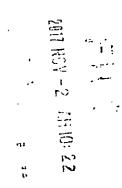
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COVER LETTER

TO: Res	; gistration Sec rision of Corp	ction porations		
etib iven.	BAE Beauty	v Bar, LLC		
SUBJECT		Name of Lim	nted Liability Company	
The enclosed	I Articles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspoi	ndence concerning this matter	to the following:	
•		Christy B. Stross		
		*	Name of Person	
		BAE Beauty Bar, LLC		
			Firm/Company	
		6475 1st Avenue South		
		 	Address	
		St. Petersburg, FL 33707		
			City/State and Zip Code	
		cbstross@gmail.com		
•		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	all:	
Christy Stro	88		813 464-4644	
	Name of	Person	at () Area Code ——Daytime	· Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	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, Ft. 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

BAÉ Beau	ty Bar, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{\text{Li}7000225304}{\text{Li}7000225304}$.	ny were filed on October 31, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" of the a	bhreviation "L.L.C."
Enter new principal offices address, if applicable:		(2,4.1
(Principal office address MUST BE A STREET ADDRESS)		(°)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10 1 10 1 10 1 10 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Chy	Zip Code
Normal Street, American Street, and American Street, and the s	. 4	

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
AMBR	Jessica Spencer	6475 1st Avenue South	
		St. Petersburg, FL 33707	□ Remove
			☐ Change
			☐ Remove
		•	🗖 Change
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;			
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			Change
		•	12
			☐ Remove
			□ Remove
			☐ Change

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