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SECNETARY OF STATE,
TALLAHAS SEE, E, 1915E,

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COVER LETTER

TO:	Registration Sec Division of Cor						
SUBJE	Bae Beauty	Bar, LLC					
SUNJE	C1:	Name of Limi	ited Liability Company				
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please r	eturn all correspon	ndence concerning this matter (to the following:				
		Christy B. Stross					
			Name of Person				
		Bae Beauty Bar, LLC					
			Firm/Company				
111 2nd Avenue NE, Suite 1402							
			Address				
		St. Petersburg, FL 33701					
			City/State and Zip Code				
		E-mail address: (t	o be used for future annual report notifi	cation)			
For furt	her information co	oncerning this matter, please ca	di:				
Christy	B. Stross		727 258-4811 at ()				
	Name of	Person		Telephone Number			
Enclose	d is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bae Beauty Bar, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Company	were filed on October 31, 2017	and assigned
Florida document number L17000225304		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS)	e	
		19 TE
Enter new mailing address, if applicable:		SS [
(Mailing address MAY BE A POST OFFICE BOX)		
		200 H
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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
MBR	Jessica Spencer	111 2nd Avenue NE. Suite 1402	
		St. Petersburg, F1. 33701	Add
			■ Remove
			Change
MBR	Jason Stross	111 2nd Avenue NE, Suite 1402	
		St. Petersburg, FL 33701	
			□ Remove
			☐ Change
			Add
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Filing Fee: \$25.00