# 11800000 8374

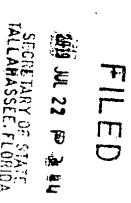
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

	ision of Corp	Sut atrons		
SUBJECT:	Beyond the	Face LLC		
SUBJECT		Name of Limi	ted Liability Company	<del> </del>
The enclosed	i Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspoi	ndence concerning this matter t	to the following:	
		Nina Neyman		
			Name of Person	<del></del>
		Beond the Face LLC		
			Firm/Company	
		16711 Collins Ave.		
			Address	
		Sunny Isles Beach, FL 3310	60	
			City/State and Zip Code	<del></del>
		nina.neyman@gmail.com		
		E-mail address: (t	o be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	ii:	
Nina Neyma	in		847 772-9280 at ()	
	Name of	Person		Telephone Number
England in	a abaale facetb	a fallowing amount:		
		c 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:

TO:

Registration Section

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

FILED Beyond the Face (Name of the Limited Liability Company as it now appears on our records.)

(A Flonda Limited Liability Company) BY OF STATE and assigned TALLAHASSEE. FLORIDA Florida document number L 18000008374 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 add or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Val Neyman	2449 W. Byron st. Chicago fL. 60618	■ Add
			□ Remove
			Change
AMBR	Annie Block	513 Claremont Ave. Unit 1s Chicago IL. 60612	≅ Add
			☐ Remove
			Change
AMBR	Alexander Neyman	Sunny Isles Beach FL 33160	
			□ Remove
			Change
			□ Remove
		<del></del>	☐ Change
			□ Add
			☐ Remove
			□ Change
			□ Add
		·····	Remove
			Change

II KELI	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an o Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	07/10/2019 d
	Man Julie Mi
	Signature of a member or authorized representative of a member
	1 1

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Filing Fee: \$25.00