L18000099895

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(Olly State 21911 Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000417863020

10/30/23--01009--002 *+30.00

2023 CCT 30 Pil 12: 27

M4/2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Beat LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dantesha Bell Name of Person
Beauty on the Beat LLC Firm/Company
2719 Hollywood Blvd. Suite 5418
Hollywood Fl 33020 City/State and Zip Code
beautifulthemuadamail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dantesha Bell at 954 3991463 Name of Person at Ode Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beautyo	nThe	Bea+ 1		1023 COT 30	Pil 12: 27
(Name of the Limite	d Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liz	ability Company v	vere filed on <u> </u>	120/19	3 and a	assigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company her	<u>·e</u> :		
The new name must be distinguishable and contain the work that the manner of the second of the secon	able:	y Company," the de	signation "LLC" or	the abbreviation	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>вох)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our re	cords, <u>enter the</u>	name of the I	new registered
Name of New Registered Agent: New Registered Office Address:	Dane 2719	esha Hollyw	Bell 1000 B	olvd Si	jte 5418
	1-1011y.	Enter Flori City	da street address, Floric	da 330.	<u>20</u>

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>	Address	Type of Action
			□ Add
			□ Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Кетоvе
			ma _r

• -	
-	
-	
-	
_	
_	
_	
-	
-	
-	
-	
-	
_	
_	
f an cffi <u>Note:</u>	ve date, if other than the date of filing:
recon	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	October 18 . 2023
	Signature of a member or authorized representative of a member
	Daneesha Bell

. . . .

Filing Fee: \$25.00