# 118000/24795

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# **COVER LETTER**

TO: Registration Sec Division of Corp SUBJECT: Bea		Noice LLC ted Liability Company	·	
Please return all correspon	Jamara Rbyarte	nitted for filing.  To the following:  A	Valles  LCC 23:  AVL 23  32/ 29  cation)	
Reyno WAR- Name of		at 786 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-7307 Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee	e following amount:  \$\sum \frac{\sqrt{30.00}}{\sqrt{filing Fee & Certificate of Status}}\$	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

TO:

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

BEAUTYS CHO	DICE LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
	05/19/2018
The Articles of Organization for this Limited Liability Compan	by were filed on $05/17/2018$ and assigned
Florida document number <u>L 18000 124 795</u>	
This amendment is submitted to amend the following:	
A. If amending name enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. \	
	office address on our records enter the name of the new
registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Maril I.
·	, Florida
New Registered Agent's Signature, if changing Registered Agen	11:
	gree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent at being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and \(\) am familiar with and sprovided for in Chapter 605, F.S. \(\)Or, if this document is
IfC	hanging 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 Type of Action Reyna DUARTE-Valles 8203 NW. 106 AVR
TAMARAC, FL. 33321 □ Remove ☐ Change □ Add ☐ Remove ≅□ Change ्चि Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change

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ffective date, if other than the date of filitian effective date is listed, the date must be specific a <b>Note:</b> If the date inserted in this block does no ocument's effective date on the Department of	and cannot be prior to date of fill to meet the applicable statuto	ng or more than 90 days afte	ional) er filing.) Pursuant to 605.020 is date will not be listed as
e record specifies a delayed effective The 90th day after the record is file	e date, but not an effec d.	tive time, at 12:01	a.m. on the earlier o
Dated 10/23/18	<u> </u>		
	/ //		

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