LIBOCO 137506

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Registration Section

Division of Corporations

TO:

On Lab and Carry	eauty Chateau			
SUBILCT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Chim Natasha Jordan			
		Name of Person		
	Sarah Jo's Beauty Chateau			
	Firm/Company			
	21051 S.W. 128th Court			
		Address		
	Miami Florida 33177			
		City/State and Zip Code		
	SimplyJordans@gmail.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please ca	all:		
Chim Natasha Jordan		305 772-4157		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sara Jo's Beauty Chateau

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $^{06/04/2018}$ and assigned Florida document number L18000137506 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sarah Jo's Beauty Chateau LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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
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			Remove
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	08/01/2021	
	specific and cannot be prior to date of filing or more than does not meet the applicable statutory filing require	
record specifies a delayed effective of dis filed.	ate, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
a is med.		
October 27th	2021	
Dated October 27th	nature of a member or authorized representative of a mer	

Filing Fee: \$25.00