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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Sara Jo's Beauty Chateau LLC SUBJECT: 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: Chim Natasha Jordan Name of Person Sarah Jo's Beauty Chateau LLC 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 notification) For further information concerning this matter, please call: Chim Natasha Jordan Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sara Jo's Beauty Chateau LLC

(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 Compa	any were filed on $\frac{06/01/20}{}$	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 l	liability company here:			
Sarah Jo's Beauty Chateau "LLC"				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "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)				
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ce address on our record	s, enter the name of the new registered		
New Registered Office Address:				
	inted to amend the following: enter the new name of the limited liability company here: "LLC" guishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." fices address, if applicable: statistical ASTREET ADDRESS) ress, if applicable: BEA POST OFFICE BOX) istered agent and/or registered office address on our records, enter the name of the new registered segistered office address here: Registered Agent: A Office Address: Enter Florida street address Enter Florida street address City Zip Code Signature, if changing Registered Agent: strength of the proper and complete performance of my duties, and I am familiar with and of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is effect a change in the registered office address, I hereby confirm that the limited liability	Enter Florida street address		
<u> </u>		Florida		
		Zip Code		
New Registered Agent's Signature, if changing Registered Age	ent:			
provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent	lete performance of my d as provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is		
if C	Changing Registered Agent, Si	gnature 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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n effective date is listed, the date mu	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	
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ecord specifies a delayed effective	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
is filed.		
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MA	Signature of a member or authorized representative of a member	
	signature of a member of authorized representative of a member	
Chim Natasha Jordan		
	Typed or printed name of signee	

Filing Fee: \$25.00