418000137506

(Requestor's Name)
(Address)
(Address)
(133.555)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
MAIL MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:
J DENNIS
० प्रतासपाठ
'JAN 2 5 2023

Office Use Only



400396321424

10.120/22 -01039 -014 -6455,00

2022 DEC 27 AM 10: 13



COVER LETTER

TO: Registration Sec Division of Corp			
	cauty Chateau LLC		•
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Natasha Jordan		
		Name of Person	
	Sarah Jo's Beauty Chateau		
		Firm/Company	
	21051 SW 128th Court		
		Address 33177 City/State and Zip Code Aggranil.com ail address: (to be used for future annual report notification) ter, please call: 305 Area Code Daytime Telephone Number nt: g Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	
	Miami Florida 33177		
		City/State and Zip Code	
	SimplyJordans@gmail.com	Land Se Sense ormus report pot	(Ication)
			meatony
For further information of	concerning this matter, please ca		
Natasha Jordan		at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addr</u> Registration Division of		Registration S Division of Co	orporations
P.O. Box 63	327		
Tallahassee	, rl 32314		x 00000

Tallahassce, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarah Jo's Beauty Chateau		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company		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 liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	City	Zip Code

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>	Name	<u>Address</u>	Type of Action
			□Add
		 	□Remove
			Change
			□ Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Please correct the FEI/EIN	Number, the conte				
					
					
					
				<u> </u>	
		<u> </u>			
					
fective date, if other than an effective date is listed, the date			date of filing or mor	(option than 90 days after fi	ling 1 Pursuant to 605.0207
ote: If the date inserted in this	s block does not n	neet the applicat	ole statutory filing	requirements, this	iate will not be listed as
ocument's effective date on the	e Department of S	State's records.			
			13:01 a.m. o	the earlier of: (h)	The 90th day after the
record specifies a delayed effo l is filed.	ctive date, but not	i an cirective tili	ie, at 12.01 a.m. of	i me cana on (o)	
August 01		2022			
Pated August 01	,	.1	 ·		
1 /1		Al-	rized representative	of a member	
	Signature of a	member or admo	men ichicacumuse.	A a monitor	

Filing Fee: \$25.00