h18000173929

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SECRETARY OF JUSTE

COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations		
eun ie ee	Hemp Beau	ny LLC		•
SUBJECT:		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:	
		James Hartman		
		<u></u>	Name of Person	
		James Hartman PA		
			Firm/Company	2@22 7A.S
		1608 W Plaza Dr		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Tallahassee, Fl. 32308		
			City/State and Zip Code	
		james@jhartman-cpa.com		
		E-mail address: (to be used for future annual report notification)	
For further in	formation c	oncerning this matter, please ca	all:	
James Hartma	an		850 765-6603 at ()	
	Name o	f Person	Area Code Daytime Telephon	e Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 Fi	ling Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi P.O	ing Addres istration S ision of C . Box 632 ahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hemp Beauty LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
the Articles of Organization for this Limited Liability Company were filed on $\frac{07}{2}$	/18/2018 and assign
lorida document number 1.18000173929	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
ne new name must be distinguishable and contain the words "Limited Liability Company," the	hairmaí a 911 C'' a tha abhraiciú a 911 C
	esignation thic of the appreviation thinc
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	200
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	Su et
. If amending the registered agent and/or registered office address on our r	ecords, <u>enter the name of the new ro</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	rida street address
	Florida

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.

Cirv

Zip Code

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
VMGR	Renee J Solomon	14130 ROCK SALT ROAD	
		DELRAY BEACH, FL 33446	■Remove
			□Change
			□Add
			□Remove
			□Change
	 		□Add
			☐Remove
			ALL CANADA
			DE SE Remove
			□Change
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove

	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of	
te: If the date inserted in this block does not meet the applicable statutory firmment's effective date on the Department of State's records.	ling requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.ms filed.	n, on the earlier of: (h) The 90th day after the
ed July 15/	
ed May B. Solan	

Typed or printed name of signee