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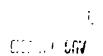


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FILED

SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Beauty By Rhianna, LLC 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:
Rhianna Miller Name of Person
The Real Me Beauty, LLC
22632 SW 65th AVE
BOCA RATON, FL 33428 City/State and Zip Code Rhianna Morgan Miller a gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rhianna Miller at (561) 808 - 3585 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$ Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60

MAILING ADDRESS:

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

Rhianna, LLC

(<u>Numè of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
A. If amending name, enter the new name of th	e limited liability company here:
The Real Me Bea. The new name must be distinguishable and contain the word	segment number \(\lambda \) 8000 80257 \(\text{SECKE TARY OF STATE TALL AHASSEE. FLORIDA address is submitted to amend the following: ending name, enter the new name of the limited liability company here: \(\text{Ne Registered Office Address:}\) \(\text{SECKE TARY OF STATE TALL AHASSEE. FLORIDA address on our records, enter the abbreviation "L.C." or the abbreviation "L.C." \(\text{V principal offices address, if applicable:} \) \(\text{V mailing address, if applicable:} \) \(\tex
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET)	ganization for this Limited Liability Company were filed on O7 / 2 11 11 11 18 18 18 18 18 18 18 18 18 18
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(X)
registered agent and/or the new registered office	
New Registered Office Address:	Enter Florida street address
	, Flo ri da
-	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Beauty By

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			
			□ Remove
			Change
			Add
			Remove
			Change
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			□ Remove
			☐ Change
			Add
			П Remove
			□ Change

(If an e Note:	tive date, if other than the date of filing:
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Rhianna Miller Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00