# L18 0000 210 437

		<u>.                                    </u>
(Re	questor's Name)	
	•	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #/
(Oil	y/Otate/Zip/r fion	c <del>n</del> )
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	 ne)
(	<b>,</b> -	,
(DO	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Eiling Officer	
opecial instructions to i	ming Officer.	
		ı

Office Use Only



000335546760

18/15/19--01012--011 \*\*25.00





### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Beautiful Creations by Marilyn LC 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:
Marilyn Leger Name of Person
Beautiful creations by Marilyn
106305 US Highway 1
Port Saint Lucie FL 34952 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marilen Leger at (772) 377 - 3149  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 & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Beautiful Creations	by Marilyn (Company as it now appears on our records.)
(A Florida Lim	nited Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L18000210437}{}$ .	pany were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
·	20
the new name must be disonguishable and contain the words "Limited	i O ==:::::1
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	s) on the
1	
	9
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new here:
Name of New Registered Agent:	····
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>zent:</u>

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 Title Name <u>Address</u> **Type of Action** 50 Silver oak Dr. Port who AMBR Saint Lucie FL, 34952 ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change \_□ ∧dd □ Remove ☐ Change □ Remove ☐ Change □ ∧dd ☐ Remove ☐ Change □ Add

□ Remove

☐ Change

		<del></del>
		<u>.                                    </u>
		<del></del>
		<del></del>
		<del></del>
Fffective /	date if other than the date of filing: (ontional)	
Note: If the	date, if other than the date of filing:	605.020 listed a
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea oth day after the record is filed.	arlier (
Dated	Marty 1900.  Signature of a member or authorized representative of a member	
	$A \cap A = A$	
	Marilyn leger	_

Page 3 of 3

Filing Fee: \$25.00