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COVER LETTER

TO: Registration Division of C					
SUBJECT:	mpressed	Beaut- Name of Limit	d Liability Company		
The enclosed Articles	of Amendment and	fee(s) are subn	nitted for filing.		
Please return all corres	pondence concernit	ng this matter to	o the following:		
		Jeo	Name of Person		
		Empre	SSED Beauty LLC Firm/Company		
	<u> (0100 L</u>	ake Eller	NOT Dr. Ste 209		
		٥	(lando FL 328) City/State and Zip Code	>9	
	E	emoress mail address: (to	ed heauty @ gmail	· CoM tification)	.a
For further information	n concerning this ma	atter, please ca	n:		3.7
	of Person		at (404) 24 Area Code Daytir	to -1199 ne Telephone Number	05 10 14 5-7 Company
Enclosed is a check fo	r the following amo	unt:			40 27
\$25,00 Filing Fee	□ \$30.00 Fili Certificat	ng Fee & e of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	<i>5</i> 6 €

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

(Name of the Limited Liability (A Florida	d Blant LLC ity Company as it now appears on our records.) la Limited Liability Company)	.50
	Company were filed on October 17, 2018 and assign	ned
This amendment is submitted to amend the following:	 -	
A. If amending name, enter the new name of the limi	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of dress here:	the new
Name of Name Davidson d Avenue		
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 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	Address	Type of Action
<u>mgr</u>	Jean ormo	2828 Monte Carlo Trail	TZ Add
		01/ando, FL 32805	□ Remove
			Change
			Remove
			Change
			☐ Remove
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		<u></u>	Change

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an effecti lote: If t	date, if other than the date of filing:	0207 d as
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie th day after the record is filed.	r ol
	October 20 . 2018 .	
ated		
ated	Signature of a mergher or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00