# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000339560 3)))



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To:

Division of Corporations

Fax Number : (850) 517-6383

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEE BEAUTIFUL HAIR LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55,00

T. CLINE NOV 30 2018

**EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

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### **COVER LETTER**

T(): Registration Se Division of Cor			
	UTIFUL HAIR LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The analysed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Cheyenne Moseley		
		Name of Person	<del></del>
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 111	h Floor	
		Address	
	Glendale, CA 91203		HOY 29
	**************************************	City/State and Zip Code	
	support@beebeautifulha	to be used for future annual report natification)	유위 🛖 🚶
			AKII: 0
For further information of	concerning this matter, please o		슬린 모
Cheyenne Moseley		800 773-0888 ext. 9724	
Name o	of Person	Area Code Daytime Telephone N	iumber
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce	.00 Filing Fee. rtificate of Status & rtified Copy ditional copy is enclosed)
Regist Divisio	ANG ADDRESS: ration Section on of Corporations	STREET/COURIER ADDRE Registration Section Division of Corporations Cliffon Building	:SS:

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle

Tallohassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

BEE BEAUTIFUL HAIR LLC		
(Same of the Limited Lin (A Fig.	ibility Company as it now appears on our records.) oridu Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L18000248775	ly Company were filed on 10/23/2018	and assigned
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	· .na
Bee Beautiful Hair Collection LLC		
The new name must be distinguishable and end with the words  Enter new principal offices address, if applicable:		or the abbreviation "FalC."
(Principal office address MUST BE A STREET AL		<u> </u>
		A I
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX	2	
H. If amending the registered agent and/or repistered agent and/or the new registered office:  Name of New Registered Agent:  New Registered Agent:	egistered office address on our records, address here:	enter the name of the new
New Registered Office Address:	Enser Florida street auktress	
	, Flor	ida
_	Cin <sup>c</sup>	Zip Code
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, and ed agent as provided for in Chapter 605, F. stered office address, I hereby confirm that	( I am familiar with and (S. Or, if this document is
	If Changing Registered Agent, Signature of	New Registered Agent
	Page 1 of 3	

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To: Page 5 of 6

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			<del></del>
			□ Add
		<del></del>	□ Remove
			ST LANGE
			NOV 29 ANIII: 01
			LOS AI
<del></del>			☐ Remove
			_ □ Add
			□ Remove
		<del></del>	D Add
			☐ Remove

Page 2 of 3

D. If amend	ding any other information, e	nter change(s) here: (Anach additional sh	neets, if necessary.)		
(The effect)	e date, if other than the date of ive date must be specific, cannot be pr	ior to date of receipt or filed date and cunnot be more	(optional)		
Dated	his document is filed by the Florida De November 27th	2018			
	Signature of a member of authorized representative of a member				
		Roderick Roberts Typed or printed name of signor	MU AHASSEE FLOI	2018 NOV 29 AM II: 0	

Page 3 of 3

Filing Fee: \$25.00