118000254328

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



300321388823

12/05/18--01021--015 *+25.00

18 DEC -5 PH 12: 38

K SALY DEC 11 2018

COVER LETTER .

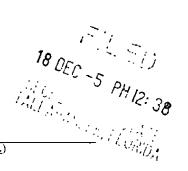
ΓΟ: .•	Registration Sec Division of Corp		× ,.	÷
SUBJE	Luxe Skin S	itudio		
SUDJE		Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Jolai Monique Matthews		
			Name of Person	
			Firm/Company	
		3832 Baymeadows Rd Ste	10-152	
		Jacksonville, Fl 32217	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	all:	
Jolai M	Monique Matthews	<u>-</u> -	816 723-7338 at ()	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	e following amount:		
⊞ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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)

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**



Luxe Skin Studio

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	iny were filed on 10/29/2018	and assigned
Florida document number L1800025432 8		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	<u>ability company here</u> :	
The Belle Bar, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·
Enter new mailing address, if applicable:		<u>.</u>
(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 h		enter the name of the nev
registered agent and/or the new registered office address i	iere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori , Flori	ida Zip Code
New Registered Agent's Signature if changing Registered Age	•	ing Cour

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

18 OEC -5 PH 12: 38 Type of Action If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added `or removed from our récords: ' MGR = Manager AMBR = Authorized Member **Address Title** <u>Name</u> ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _____ Change ____ □ Add _____ □ Remove __ Change bbA □_ ___ ___ ___ __□ Remove ______ Add ☐ Remove ☐ Change

	18 DEC
	18 DEC -5 PM 12: 38
	30/20
	
	· · ·
ffective date, if other than the date of filing:	(optional)
	prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 plicable statutory filing requirements, this date will not be listed as
document's effective date on the Department of State's reco	
ne record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier o
The Both day after the record is filed.	
Dated November 30 2018	
1 1 1/10	
1/1/ ///	
Signature of a member or a	authorized representative of a member
Jolai Monique Matthews	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee