

L18 000 286995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

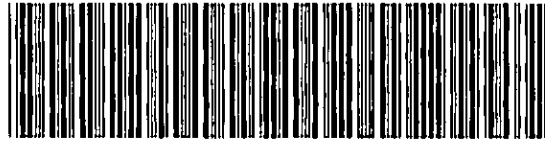
(Document Number)

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20 DEC 22 PM 4:13

RECEIVED
OFFICE OF STATE
CORPORATION

Amend

FEB 09 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMP Beauty LLC
Name of Limited Liability Company

20 DEC 22 PM 4:10
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elaxis Moore
Name of Person

PMP Beauty
Firm/Company

1005 W Busch Blvd Suite 105
Address

Tampa FL 33612
City/State and Zip Code

Pardonmyprettybrand@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaxis Moore at (407) 458-4182
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|----------------------|--|
| MGR | Elexis Moore | 1005 W. busch Blvd | <input type="checkbox"/> Add |
| | | Suit 105 Tampa, Fl | <input type="checkbox"/> Remove |
| | | 33612 | <input checked="" type="checkbox"/> Change |
| MGR | Elexis Moore | 12404 plantation Ave | <input checked="" type="checkbox"/> Add |
| | | bre, Tampa Fl 33625 | <input type="checkbox"/> Remove |
| | | apt 202 | <input type="checkbox"/> Change |
| Am | Tiana Spain | 1804 E. navajo ave | <input type="checkbox"/> Add |
| | | Tampa, Fl 33612 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The manager "Ellexis" Moore is the same, the spelling of her name is what needs to be corrected.
The assistant manager Tiana Spain is being removed.

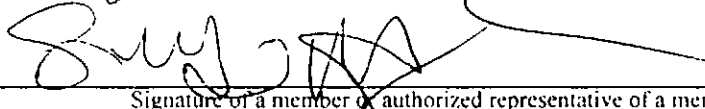
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/8/2020, 2020



Signature of a member or authorized representative of a member

Ellexis Moore

Typed or printed name of signee