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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Mrs. B's Beauty Enpire LLC 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:
Constance Shart-J Name of Person
Mrs. B's Beauty Empire CLC
3422 NW 28th Acce Address
Olleichober 70 34972 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Curistanal Shocks at (863 697-936.9 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Mrs. B	's Bec	inty E	moire a	LLC	
(<u>Name of the Limited I</u> (A)	Jiability Company Florida Limited Lia	as it now appears of bility Company)	n offr records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L19000125</u>		ere filed on [10/19	and ass	igned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabili	y company here	÷		
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the design	gnation "LLC" or the a	abbreviation "L.1	L.C."
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	(DDRESS)			5 _	
		_			<u> 53</u>
Enter new mailing address, if applicable:				₩ 2 8	報告 第22 10 10 10 10 10 10 10 10 10 10 10 10 10
(Mailing address MAY BE A POST OFFICE BO.	X)			72	- 2 55
				က်	27
	-				<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic	e address on o	ur records, <u>enter</u>	the name o	of the new
regiment to agent already the new registered office	addiess neie.				
Name of New Registered Agent:	Terr	<u>i Li.11</u>	IAMIS JR		
New Registered Office Address:	1269	NE 14	th ALL street address		
_	Okei	City	, Florida	31/97 ₁₂ Zip Code	Σ
Now Designational Association for the Company of th					

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

4. 5. 5. 6.

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Terry Williams Jr	Dluchober, 71 3497	DA Add
		Ollechober, 76 3497.	□ Remove
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reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
	Signature of a member or authorized representative of a member
ated _	
ated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00