L19000012653

(Requestor's Name)	
(Address)	
(Address)	
(
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	DeTour Beauty	ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Made	Yn Schick Name of Person	***************************************
	DeTean	Prearty LLC Firm/Company	
	<u>5761 S</u>	Orange Polossom	Trail sule?
	Orlandi	City/State and Zip Code	
	DeJeants E-mail address: (earty & ground Co	nication)
For further information e	oncerning this matter, please ca	all:	
Taka P.	54rd f Person	at (9\3) S&C- Area Code Daytime	0693 e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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 Addres Registration S Division of C	Section orporations	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

De Jean Beaute (Name of the Limited Liab) (A Flori	illy Company as it now appears on oda Limited Liability Company)	our records.) 10-19 and assigned
The Articles of Organization for this Limited Liability	Company were filed on	10-19 and assigned 7
Florida document number <u>L1900001265</u>	<u>}</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADD</u>	DRESS)	·
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ls, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	vet address
	City	, Florida
	Cuy	хир с оас

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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MONE	Deborah Agnew	9541 Venezia Plantation	<u>0</u> c.□∧dd
		Orlando, FL 32829	
			□Change
MUR	Madelyn Schick	2388 (mand Central PKWY	M 7 X Add
		And 1385 mig	□Remove
		OR lando, 1-L 32839	□Change
MOR	Takia Byrd	223 Broad Street	XAdd
	Winter Havon, FL 338	<u>8</u> □Remove	
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

). II allie	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
The recorecord is fi	d 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 ed.
Dated	Deberar Agulu Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00