1190000 57887

(Requestor's Name)
(Address)
(Address)
(City/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



400337890054

62/34/36--61035--020 **25.00

20 FEB 24 AM 10: 32

BLR 14 70

COVER LETTER

SUBJECT: HUA		plon 8 Natl Sompany	Bpa LLC
The enclosed Articles of	'Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Hua Beaut	Gonzalez Gon	
	Hiami Amavizygouza Elmoladdress:	The 33/34 City/State and Zip Code [17010+(2) Grow) to be used for fully annual report not	, Com.
For further information c	oncerning this matter, please c		
Amoury God	120107 Couzale	27. at (<u>)86) 498</u> Area Code Daytin	3293 ne Telephone Number
Enclosed is a check for th	ne following amount:		
¥4\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

F ...

Registration Section **Division of Corporations**

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hua Beauty Galon (Name of the Limited Liability (A Florida)	S Nail Doa LLO (Company as it now appears on our records.) Limited Liability Company)		 -	
The Articles of Organization for this Limited Liability Co Florida document number <u>L1900057687</u>	ompany were filed on $\frac{02/27/19}{}$	a	nd assi	gned
This amendment is submitted to amend the following:	_			
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbrevia	ion "L.I	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)	.12,	20	
		<u> </u>	<u>[1]</u>	···
			(5)	* P ****** #****
Enter new mailing address, if applicable:		<u>.</u>	-i-	ئىلىر، ب
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
		4.1	(-)	
		5	73	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of t	ne new	<u>registered</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florid	a		
	City		Code	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Haryeeli Valladares	7360 NW 5th St Hiami 7/ 3312	<u>P</u> X IAdd
			□Remove
			□Change
			[]Add
			ElRemove
			□ Change
			□Add
			GAdd TO
		<u>-</u>	□ Change
			□Add
			□ Remove
			□Change
			[]Add
			[]Remove
			Change

	-								_
				_					_
									
									_
									_
· · · · · · · · · · · · · · · · · · ·							<u>.</u>		_
		•••	·						_
			-						_
									_
							·		
			_				,.	20	_
		· , .,						- 	 !}
			<u> </u>		-1		•••	<u>~~</u>	
							•		_'Tı
								10:	
							52	32	_
Affective date, if other an effective date is listed Note: If the date insert locument's effective d	, the date must be sp ed in this block d	secific and cam ses not meet	iot be prior to the applicab	date of filing	or more than 90 Iling requiren	(option days after fi ents, this c	ling.) Purs	aunt to 60 not be 11	05.0207 sted as
record specifies a delad is filed.	yed effective date	, but not an e	flective tim	e, at 12:01 a.	.m. on the earl	ier of: (b)	The 90t	h day af	ier the
	ary ZD		OZD						
Dated February									
ated Februa	,				itive of a membe				

Filing Fee: \$25.00