## L19000060463

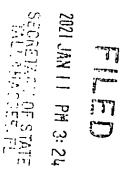
	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	f Status
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Special Instructions to	Filing Officer:	

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2/16/21

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	The Beauty Name of Limit	Sanctic U	ic
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Saman4	Ma LUCAS Name of Person	
	The Boo	SGNCLXXX Firm/Company	
	555 N.E	149th St Apt	<u>再</u> 4 二 !
	<u> Miani</u>	City/State and Zip Code	PH 3: 25
	E-mail address: (to	o be used for future annual report notific	mail.com
For further information con	cerning this matter, please ca	11:	
Somania Name of P	Lucius Person	at (786) SO5	Telephone Number
Enclosed is a check for the	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 Address: Registration Se	ction	Street Address: Registration Sect	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

New Registered Agent's Signature, it changing Registered Agent:				y with the
New Registered Agent's Signature, if changing Registered Agent:	Cuy		ny coae	
	City	, Florida	Zip Code	
	Enter Florida stre	et address		
New Registered Office Address:			<u></u>	
Name of New Registered Agent:				
		- Fri	2 <b>5</b>	
agent and/or the new registered office address here:		13.	ربي أسيآ	
B. If amending the registered agent and/or registered office ac	ldress on our records	်းက , enter the nam	e of the new	registered
(Mailing address MAY BE A POST OFFICE BOX)		المارية الماري المارية المارية	Z "7"	<del>]</del>
Enter new mailing address, if applicable:			1202	
			•	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new principal offices address, if applicable:				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designati	on "LLC" or the ab	breviation "L.L	C."
Bacity Scotlyggis his	DP II (			
A. If amending name, enter the new name of the limited liabil	ity company here:			
This amendment is submitted to amend the following:				
Florida document number <u>L19000060443</u>	<del>-   -   -   -   -   -   -   -   -   -  </del>	1"	<del></del> ,	_
The Articles of Organization for this Limited Liability Company v	vere filed on 03/0	412019	and assig	gned
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	r records.)		
_ The Beauty Sanch	JC/ (U L/V			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Jost Ouner	Johnny Burnett	555 NEIY940 St-Apr #4	□Add
			Remove
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more  te: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.		.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or is filed.	n the earlier of: (b) Th	ne 90th day after the
ted January 19th . 2021. Somanally Lucas	)	