# L19000167028

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eud iræt.		EAUTY SUPPLIES AND BR	AIDING SALON LLC			
SUBJECT:		Name of Lim	Name of Limited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
	STELLE GUILLAUME					
			Name of Person			
STELLE BEAUTY SUI		STELLE BEAUTY SUPP	LIES AND BRAIDING SALON	LLC		
			Firm/Company	•		
7188 SOUTH US HIGH			'AY I	• `		
	Address PORT ST LUCIE / FLORIDA 34952					
			City/State and Zip Code			
		GUILLAUMESTELLE03@	•			
For further i	nformation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tiffeation)		
	UILLAUME	-	561 729-3444			
	Name o		at ()	me Telephone Number		
	Name o	Freson	Area Code Dayu	me reseptione 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 Address: Registration Section		<u>Street Address:</u> Registration S	ection			
Division of Corporations		Division of Co	orporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of				
La	nanassee, 1	'L 32314	∠410 IN. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

#### STELLE BEAUTY SUPPLIES AND BRAIDING SALON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{201}{}$	9-06-25	and assigne
Florida document number <u>1.19000167028</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
STELLE BEAUTY SUPPLIES LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de-	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			·
	<del></del>		· -
Enter new mailing address, if applicable:			<b></b>
(Mailing address MAY BE A POST OFFICE BOX)			
[Minnig data ess (M.11 BE /11 GO1 Of 1 CE BOA)			
		<del></del>	
B. If amending the registered agent and/or registered office a	ddress on our re	cords, enter the nam	e of the new reg
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florie	la street address	
		. Florida	
	City	Florida	Zip 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

#### or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac
			□Add
			□Remove
			□Change
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	enter change(s) nere: (Anach adamonal sneets, y necessary.)
. <u> </u>	
Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block d document's effective date on the Departi	e of filing:
the record specifies a delayed effective date cord is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated OCTOBER 30TH, 2020	10:00 a.m
Signa	ature of a member or authorized representative of a member
	STELLE GUILLAUME
<del></del>	Typed or printed name of signee