L19000169473

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ashliebellflower31@gmail.com

19 JUL 16 PM 12:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BELLISSIMO LASH LLC

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Audit # H19000214262

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLISSIMO LASH 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 07/11/2019 and assigned Florida document number L19000169473.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6353 Jack Wright Island Rd
Saint Augustine, FL 32092

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6353 Jack Wright Island Rd.
Saint Augustine, FL 32092

19 JUL 16 PM 4:14

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Ashlie Bellflower

New Registered Office Address: 6353 Jack Wright Island Rd.
Enter Florida street address

Saint Augustine, **Florida** 32092
City *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 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.

DocuSigned by:
[signature]
D226A37A800A402...

If Changing Registered Agent, Signature of New Registered Agent

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To 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

Title	Name	Address	Type of Action
AMBR	Ashlie Bellflower	6353 Jack Wright Island Rd Saint Augustine, FL 32092	☐ Add
			☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 7/15/2019

DocuSigned by:

Signature of a member or authorized representative of a member

Ashlie Beilflower

Typed or printed name of signee

Filing Fee: $25.00