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COVER LETTER

TO: Registration Sect Division of Corpo			
CHRICT.	Destin Be	auty Lounge	: LLC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Laura Ke	c(y
		Name of Person	
		Firm/Company	
	467	4 Amhurs	· Circle
		Address	
]	Destin, FL	. 32541
	laura er	terprises 10	o a gnail. Com
			port nonnearon)
	cerning this matter, please ca	all:	
Lau	ra Kelly	at(251)	550 - 2828 Daytime Telephone Number
Name of P	Person	Area Code	Daytime 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 enclo	Sed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Destin B	Beauty Lounge LLC
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on July 3, 2019 and assigned
This amendment is submitted to amend the following:	
	eauty LLC
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	SECIES TALLA HASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	門。る
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address on our records, enter the name of the new
N	•

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 = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ □ Add
			Remove
			Change
			∧dd
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			☐ Add
			□ Remove
			Change
			□ Remove
			☐ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
(If an ef Note:	ive date, if other than the date of filing:
(f the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Laura Kelly
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00