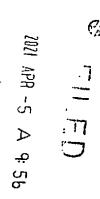
## 

| (Re                                     | equestor's Name) |              |  |  |  |  |  |  |
|---|------------------|--------------|--|--|--|--|--|--|
| (Ad                                     | dress)           | <del>-</del> |  |  |  |  |  |  |
| (Ad                                     | idress)          |              |  |  |  |  |  |  |
| (Cit                                    | y/State/Zip/Phon | e #)         |  |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL         |  |  |  |  |  |  |
| (Bu                                     | siness Entity Na | me)          |  |  |  |  |  |  |
| (Document Number)                       |                  |              |  |  |  |  |  |  |
| Certified Copies                        | _ Certificate:   | s of Status  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |                  |              |  |  |  |  |  |  |
|   |                  |              |  |  |  |  |  |  |
|   |                  |              |  |  |  |  |  |  |
|   |                  |              |  |  |  |  |  |  |





04/05/21--01041--011 \*\*30.00



## COVER LETTER

| TO: Registration Section  Division of Corporation |   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| SUBJECT: Beach                                    | yshop LLC                                     |   |  |  |  |  |  |
| SUBJECT:  | Name of Limit                                 | ted Liability Company   | <del></del>  |  |  |  |  |
|   |   |   |  |  |  |  |  |
| The enclosed Articles of Amer                     | ndment and fee(s) are subr                    | mitted for filing.  |  |  |  |  |  |
| Please return all correspondent                   | ce concerning this matter t                   | o the following:  |  |  |  |  |  |
|   | Graha   | M Peakin  |  |  |  |  |  |
| _   |   | Name of Person  | <del>.</del>   |  |  |  |  |
|   | Beautys                                       | Firm/Company  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   | 3811 W kg                                     | ensington Aue   |  |  |  |  |  |
|   |   | Address   |  |  |  |  |  |
| _   | Tampa, Fl                                     | City/State and Zip Code   | <del></del>  |  |  |  |  |
|   | gpeal   | Kin agmoil.com  |  |  |  |  |  |
|   | E-mail address: (to                           | o be used for future annual report notification                     | 1)   |  |  |  |  |
| For further information concer                    | ning this matter, please ca                   | 11:   |  |  |  |  |  |
| Graham  | Pealin  | at (6 He) 2 Ho. C<br>Area Code Daytime Telep                        | 560  |  |  |  |  |
| Name of Perso                                     | nc.   | Area Code Daytine Telep   | more murner  |  |  |  |  |
| Enclosed is a check for the following             | lowing amount:                                |   |  |  |  |  |  |
| □ \$25.00 Filing Fee <b>⑤</b>                     | \$30.00 Filing Fee &<br>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) |  |  |  |  |
|   |   |   | 9  |  |  |  |  |
|   |   |   | 1707   |  |  |  |  |
| Mailing Address: Registration Section             | on  | Street Address:<br>Registration Section                             | APR  |  |  |  |  |
| Division of Corpo<br>P.O. Box 6327                | rations                                       | Division of Corporat<br>The Centre of Tallah                        |  |  |  |  |  |
| Tallahassee, FL 3                                 | 2314  | 2415 N. Monroe Street, Suite 810 >                                  |  |  |  |  |  |
|   |   | Tallahassee, FL 3230  | بب   |  |  |  |  |
|   |   |   | . 5  |  |  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Beautysho  |  |   |
|--|--|---|
| (Name of the Limited<br>(A   | Liability Comp<br>Florida Limited  | ipany as it now appears on our records.) d Liability Company)   |
| The Articles of Organization for this Limited Liab<br>Florida document number L19000196  | bility Compan<br>o <mark>9 60</mark>                                     | ny were filed on Aug 1st 2019 and assigned  |
| This amendment is submitted to amend the follow  | ving:  |   |
| A. If amending name, enter the new name of t   | he limited lia   | ability company here:   |
| The state of the s | ds "Limited Lial   | ability Company," the designation "L.L.C." or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applical   | ble:   | NA  |
| (Principal office address MUST BE A STREET   | ADDRESS)   |   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:   | gistered office<br>here:   | e address on our records, enter the name of the new registered  |
|  | NB   |   |
| New Registered Office Address:   |  | Enter Florida street address  |
|  |  | , Florida   |
| No Position IA 1000  |  | City Zip Code   |
| provisions of all statutes relative to the proper accept the obligations of my position as registe   | agent and ag<br>and complet<br>ered agent as<br>gistered offic<br>aange. | gree to act in this capacity. I further agree to comply with the gree to act in this capacity. I further agree to comply with the gree teperformance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is ce address. I hereby confirm that the limited liability is address. I hereby confirm that the limited liability is an anging 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         | Jacqueline Peakin | 3811 W kensington Ave                 |                |
|              | · ·               | Tampa, FL<br>33629                    | □Remove        |
|              |                   | 33629                                 | □Change        |
|              |                   |                                       | □Add           |
|              |                   |                                       |                |
|              |                   |                                       | □Change        |
|              |                   | <del></del>                           | □Add           |
|              |                   | -                                     | □Remove        |
|              |                   |                                       | □Change        |
|              |                   |                                       | □Add           |
|              |                   | <del></del>                           | Remove         |
|              |                   |                                       | Change         |
|              |                   |                                       | DAdd           |
|              |                   | <u> </u>                              | □ Regnove ☐    |
|              |                   | · · · · · · · · · · · · · · · · · · · | □ Change       |
|              | <del></del>       |                                       | A-RI<br>       |
|              |                   |                                       | Remove         |
|              |                   |                                       | □Change        |

|                       |                           | -   |                         |                            | · · · · · ·               | -                   |              | <u></u>    |                       | <del></del>               |                           |                       |                           |
|-----------------------|---------------------------|---|-------------------------|----------------------------|---------------------------|---------------------|--------------|------------|-----------------------|---------------------------|---------------------------|-----------------------|---------------------------|
|                       |                           |   |                         |                            |                           | <del></del>         |              |            |                       |                           |                           |                       | <del></del>               |
|                       |                           |   |                         |                            |                           |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     | <del>.</del> |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     |              |            | -                     |                           |                           |                       |                           |
|                       | <del></del> -             |   |                         |                            | ·                         |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           | <u></u> -           | <del> </del> |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         |                            |                           |                     |              |            |                       |                           |                           |                       |                           |
|                       |                           |   |                         | ·                          |                           |                     | <del>-</del> | <u> </u>   |                       | <del></del>               |                           |                       | <del></del>               |
|                       | <u>-</u>                  |   | <del></del>             |                            |                           |                     | <u></u>      |            |                       |                           |                           |                       | <del></del>               |
| ctive o               | date, if o                | ther that   | n the dat               | e of filin                 | g:                        |                     |              |            |                       | (optic                    | onal)                     |                       |                           |
| effective<br>e: If th | e date is li<br>e date in | sted, the dat<br>serted in t                      | le must be<br>his block | specific and<br>does not r | i cannot be<br>neet the a | prior to<br>pplicab | date of fil  | ing or mor | e than 90<br>requiren | days after<br>sents, this | filing.) Pu<br>s date wil | irsuant t<br>II not b | to 605.020<br>se listed a |
| ument's               | s effectiv                | e date on t                                       | the Depar               | tment of S                 | State's rec               | ords.               |              |            |                       |                           |                           |                       |                           |
| ord spe               | ecifies a o               | lelayed ef  | fective da              | te, but not                | an effect                 | ive time            | , at 12:0    | 01 a.m. or | i the earl            | ier of: (b                | ) The 9                   | 0th day               | y a <b>llet</b> the       |
| filed.                |                           | ,   |                         |                            |                           |                     |              |            |                       |                           |                           | •                     | APR                       |
| ed                    | 03                        | 26  | 21                      |                            | ,                         |                     |              |            |                       | _                         |                           |                       | 2                         |
|                       |                           | <del>,                                     </del> |                         | 0                          | 1                         | •                   | 1            | 2          | /                     |                           |                           | -                     | D                         |
|                       |                           |   |                         | X                          | mamber or                 | authoru             | red repres   | entative o | i'a memb              | <br>er                    |                           |                       | <b>ٻ</b> ۔۔۔              |
| -                     | <u></u>                   |   | Sigi                    | (வம்சநா வ                  | incinioci oi              | шини                | p            |            |                       | ••                        |                           |                       | L S                       |