

119000207025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

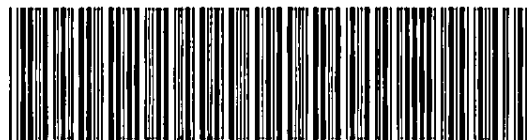
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE

DEC 17 2013

2019 DEC 16 AM 10:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2019

GUYADER JOSEPH-SERAPHIN
12321 SW 191 ST
MIAMI, FL 33177

SUBJECT: BEAUTIFUL MYSTERY LLC
Ref. Number: L19000207025

We have received your document for BEAUTIFUL MYSTERY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The statement of change of registered agent cannot be used to change the authorized persons detail. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 219A00022871

2019 DEC 16 PM 19:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beautiful Mystery, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guyader Joseph-Seraphin
Name of Person

Beautiful Mystery, LLC.
Firm/Company

12321 SW 191 Street
Address

Miami, Florida 33177
City/State and Zip Code

gigiseraphin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guyader Joseph-Seraphin at (305) 283-2605
Name of 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 enclosed) ☐ \$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

Beautiful Mystery, LLC.

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

2019 DEC 16 AM 10:05

The Articles of Organization for this Limited Liability Company were filed on 08/04/2019 and assigned Florida document number L19000207025.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Guyader Joseph Seraphin

12321 SW 19th Miami, FL 33177

Enter Florida street address

Miami

City

Florida

33177

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.

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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------------|--|---|
| MGR | Guyader, Joseph - Seraphin | 12321 SW 191 st Street Miami, FL 33177 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| MGR | Joseph, Joeguy | 12321 SW 191 st Street Miami, FL 33177 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| AP | Joseph, Guy F | 12321 SW 191 st Street Miami, FL 33177 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| AR | Josette, Joseph | 12321 SW 191 st Street Miami, FL 33177 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

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

N/A

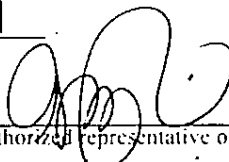
E. Effective date, if other than the date of filing: 12/9/2019 (optional)

(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 December 9th, 2019



Signature of a member or authorized representative of a member
Guyader Joseph-Seraphin

Typed or printed name of signee