# L19000223120

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu:	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

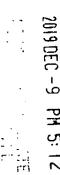
Office Use Only

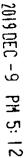


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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	he Beauty [ Name of Limi	Dators LLC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	50	hana Rodrig	vez
		Bearly Doctors	
<b>,</b>	650	2 Carrington S	ky dr
	River	City/State and Zip Code  Nanrod 2 3 @ 1  o be used for future annual report notifi	notmail.com
For further information co	oncerning this matter, please ca	ill:	
Johan a Name of	Radriguez Person	at ( <u>\$13</u> ) <u>73</u> Area Code Daytime	1-5298 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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, Ft. 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

The Bearty I  (Name of the Limited Liability Compar (A Florida Limited L	octors LCC  is sit now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company  Florida document number <u>L 19000223120</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "BLC."
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 of registered agent and/or the new registered office address here  * Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Carrin	gton	Type of Action
AMBR	Johana Rodriguez	6502	and a	sky di	<u>√</u> Add
	Name Johana Rodriguez	Rivervic	w, FL	33572	Remove
					Change
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Note: If the dat	if other than the date of filing:  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 (see inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tective date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ay after the record is filed.
Dated D	$\frac{911}{1000000000000000000000000000000000$
	Signature of a member or authorized representative of a member
	Nataly Sanders

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00