L19000227109

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lin	nited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	SEPULVEDA, OLGA		
		Name of Person	
	Name of Person BEAUTIFULL & COQUETAS LLC Firm/Company 13460 SW 10 ST Address PEMBROKE PINES. FL 33027 City/State and Zip Code olgaj1102@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: of Person at (
		Firm/Company	···
	13460 SW 10 ST		
		Address	
	PEMBROKE PINES, FL.	33027	
	··•.	City/State and Zip Code	
	•		
			ification)
For further information c	concerning this matter, please c	all:	
OSCAR GUALDRON		954 9034036	
Name o	f Person	Area Code Daytin	ne Telephone Number
linelosed is a check for t	he following amount:		
\$25.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration	<u>ss:</u> Section		ection
Division of C	Corporations		
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTIFULL & COQUETAS LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number L19000227109	e filed on 09/09/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
BEAUTIFUL & COQUETA LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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 here:	ess on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Fiorida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Pérson(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>	Type of Action
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			□Remove
			□Change
			□ Add
			□Remove
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ffective date, if other than the d	01/07/2020	(,,,,,,,,,,))	
an effective date is listed, the date must b	e specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursu	iant to 605.02
ote: If the date inserted in this bloc ocument's effective date on the Dep	k does not meet the applicable statutory fil artment of State's records.	ing requirements, this date will n	of be listed
e record specifies a delayed of The 90th day after the recor	effective date, but not an effective	time, at 12:01 a.m. on th	ne earlier
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Filing Fee: \$25.00