

| (Requesto | 's Name) | |
|----------------------------------|-----------------------|------|
| (Address) | | |
| (Address) | | |
| (City/State | Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (Dusiasas) | Takin Mana) | |
| (Business | Entity Name) | |
| (Documen | Number) | |
| Certified Copies | Certificates of Statu | s |
| Special Instructions to Filing C | officer; | |
| | | |
| | | |
| | | |
| | | |
| | | |
| - | | |

Office Use Only



500345647865

06/04/20--01003--006 **25.00

COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|----------------|------------------------------------|---|---|---------------------|--|
| SUBJEC | | YOND BEAUTY LLC | | | |
| SOBJEC | ~!. <u></u> | Name of Lim | ited Liability Company | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | |
| | | TAMINIKIA ROBINSON | Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following: KIA ROBINSON Name of Person Firm/Company 115TH STREET Address FL 33161 City/State and Zip Code DELI@YAHOO.COM E-mail address: (to be used for future annual report notification) s matter, please call: | | |
| | | | Name of Person | | |
| | | | Firm/Company | | - |
| | | 153 NE 115TH STREET | | | |
| | | | Address | | |
| | | MIAMI, FL 33161 | | | |
| | | | • | | |
| | | _ | | report polification | |
| For furth | ner information c | oncerning this matter, please c | | | |
| TAMIN | IKIA ROBINSO | N | | 8-3213 | |
| | Name o | f Person | | Daytime Teleph | none Number |
| Enclosed | l is a check for th | ne following amount: | | | |
| ≘ \$25. | 00 Filing Fee | S30.00 Filing Fee & Certificate of Status | Certified Copy | | Certificate of Status & Certified Copy |
| | Mailing Address Registration 5 | | | | |
| | Division of C | orporations | Divisio | n of Corporati | |
| | P.O. Box 632 | 7 | The Cer | ntre of Tallaha | issee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FACES BEYOND BEAUTY LLC | | |
|--|--|---------------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Comparting Horida document number L19000233277 | and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| ONE HAPPY BALLOON LLC | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" or the | e abbrestationL.C." |
| Enter new principal offices address, if applicable: | <u>.</u> | ACR & TI |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | Y of ST |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | M 2 |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, enter the r | ame of the new registered |
| Name of New Registered Agent: | | |
| 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 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

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 |
|--------------|-------------|-------------|----------------|
| | | | []Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | 🗆 Change |
| | | | SEC DAdd |
| | | A A A | E emove 1 |
| | | SEE E | TANY OF S |
| | | | SI DAM |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | Петоvе |
| | | | □Change |
| | | | [] Add |
| | | | □Remove |
| | | | Па |

| | | | | | | | | | |
|---|---------------------------------------|---------------|----------------|------------------|-----------------|-----------------|-------------------|-------------|--------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | - | · | | | | - | | |
| | | | | | | | | | |
| | | | . | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | · , <u>, </u> | | | . | | | |
| | | | | | | | | | |
| | | | | | | | ~!! !! | | |
| | | | | | | | | ١ | ٦ |
| | · | | | | | | - 2 5 | | _ |
| | | | | | | <u> </u> | ASO ASS | | F |
| | | | | | | | E T | 3 | Ċ |
| | | | | | | | ZZ |); O | |
| | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | | · <u></u> | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Effective date, if other than | the date of t | filino: June | 6, 2020 | | | _ (optional | I) | | |
| If an effective date is listed, the date | must be specifi | ic and cannot | be prior to di | nte of filing or | more than 90 d | ays after filin | g.) Pursua | int to 605 | 5.0207 |
| Note: If the date inserted in this document's effective date on the | | | | statutory III | ing requireme | nts, this dat | e will no | ot be list | ed as |
| | | | | | | | | | |
| e record specifies a delayed effer rd is filed. | ective date, bu | t not an eff | ective time, | at 12:01 a.m | . on the earlie | rof:(b) T | The 90th | day afte | r the |
| June 1 | | 2020 | 0 | | | | | | |
| | 1 | | | | | | | | |
| | | // | | | | | | | |

Filing Fee: \$25.00

Typed or printed name of signee