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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, **

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COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SUBJEC	X BEAU	Y BAR LLC		
	··	Nume of Li	mited Liability Company	
The enclo	ised Articles of	Amendment and fee(s) are su	handara ng mga	
		ondence concerning this matte	_	
		MALYSHEVA, MAYYA	4	
		·	Name of Person	
		X BEAUTY BAR LLC		
			Firm/Company	
		763 NE 3RD AVE, APT	149	
			Address	· · · · · · · · · · · · · · · · · · ·
		FORT LAUDERDALE, F	FL 33304	
			City/State and Zip Code	
		89261551547(a)mail.ru	to be used for future annual report no	
For further	r information c	oncerning this matter, please e		(TICALION)
—— ·—	MALYSHEV. ————————————————————————————————————		754 273.4793 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a cheex for th	ic following amount:		
≌ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	egistration Solvision of C O. Box 632 allahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

X BEAUTY BAR LLC.

2019 DEC 13 ₱ 3:07

(Name of the Limited Liability A Florida	y Company as it now appears on antifecords:)? 19 31/4.15. Limited Liability Company) TALLAHAGSEE, FLORIOA
The Articles of Organization for this Limited Liability Co Florida document number L19000241367	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	led liability company here:
The new name must be distinguishable and contain the words "Limit	ted Linbility Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	763 NE 3RD AVE, APT 149
Principal office address MUST BE A STREET ADDRI	ESS) FORT LAUDERDALE, FL 33304
Enter new mailing address, if applicable:	763 NE 3RD AVE, APT 149
Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33304
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the name of the new regi</u>
New Registered Office Address: 763 NE	3RD AVE. APT 149
	Enter Florida street address
FORT	AUDERDALE , Florida 33304
	Cirv Zip Code

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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	MALYSHEVA, MAYYA	763 NE 3RD AVE, APT 149	
		FORT LAUDERDALE, FL 33304	
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ective date, if other than the date in effective date is listed, the date must be site. If the date inserted in this block document's effective date on the Depart	ioes not meet the applicabl	late of filing or more than 90 c statutory filing requiren	(optional) days after filing.) Pursuant lents, this dute will not be	to 605.020 e fisted a
coord specifies a delayed effective data is filed.	e, but not an effective time	, at 12:01 a.m. on the earl	ier of: (b) The 90th day	after the
DECEMBER, 13	2019			
	Maya Mal	ysheva		
Signi	ature of a member or authoriz	ed representative of a memb	er	

Filing Fee: \$25.00