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O SIMMONS

JAN 16 2020

SUBJECT: Beauty Crew, Df. SRP, 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:
Edna A. Hernandez-Zullin Name of Person
Beauty Crew Of SRQ, LLC
7724 Alister Machenzie Dr.
Sarasota, FC 34240 City/State and Zip Code
E-mail address: (to be used for there annual report notification)
For further information concerning this matter, please call:
Edna Hernandez-Zullm at 1941, 544-3350 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L1900024528l}{}$.	ere filed on <u>Sept. 30, 20</u>	<u>19</u> and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability		2019 I	
The new name must be distinguishable and contain the words "I imited Liability Enter new principal offices address, if applicable:	Company," the designation "LLC" or the	bhleviat H"I	L.C. a. s
Enter new principal offices address, if applicable:	- 1. - 1.		Para C
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	유 골] i [_ [***] _
		3: 30 3:51E	
Enter new mailing address, if applicable:		_	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records. <u>enter the nan</u>	ne of the nev	v registerec
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OWNER Edna A. Her	nander-Zullin 7724 Alister Machenzie	Dr. jXndd
,		nanda-Zullin 1724 Alister Machenzie (Saxasota, FL 34240	□Remove
			□Change
	-		□Add
			SECREILARY DE STALL AHASSEE, FI
-			FAdd M
			□Change
			□Add
			⊡Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

Article III Parlage is Elea Allegardo Dellino	
Partner is Edna A. Hernandez-Zullin, who has equal rights, part owner.	
SECH TARE	
AHASS SEE	DEC 16 PH
The state of the s	<u>33</u>
Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th cord is filed.	day after the
Dated December 11 . 2019 . Signature of a member anathorized representative of a member	
Edna A. Zullin Typed or printed name of signee	

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