

L19000279895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

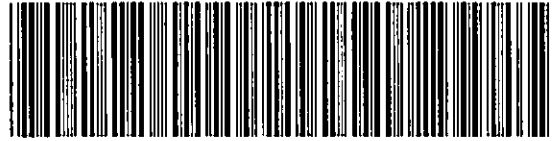
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 MAY 20 AM 11:30

MAY 21 2020

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EUPHORIC BEAUTY 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:

NYEISHA PENDER

\_\_\_\_\_  
Name of Person

EUPHORIC BEAUTY LLC

\_\_\_\_\_  
Firm/Company

2617 MERWYN RD

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32207

\_\_\_\_\_  
City/State and Zip Code

EABEAUTYLLC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NYEISHA PENDER

904

397-5338

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED

APR 14 2020

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EUPHORIC BEAUTY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 MAY 20 09:11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/09/2019 and assigned  
Florida document number L19000279895

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2617 MERWYN RD JACKSONVILLE, FL 32207

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

2617 MERWYN RD JACKSONVILLE, FL 32207

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NYEISHA PENDER

New Registered Office Address:

2617 MERWYN RD

*Enter Florida street address*

JACKSONVILLE

Florida

32207

*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.*

*Nyisha Pender*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NYEISHA PENDER	2617 MERWYN RD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NYEISHA PENDER	2617 MERWYN RD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2009 MAY 20 AM 11:30  
 SEQUENTIAL FILE  
 FALL ANNUAL REPORTS  
 ALL AMBR'S

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

I AM ADDING MYSELF TO BE AN AUTHORIZE USER TO GET A BUSINESS BANK ACCOUNT  
FOR MY BUSINESS. ON APRIL 10TH I TRIED TO OPEN A BUSINESS ACCOUNT WITH  
MY BANK, THEY INFORMED ME I COULDN'T BECAUSE I WASN'T AN AUTHORIZED  
USER EVEN THOUGH THIS BUSINESS BELONGS TO ME AND IS UNDER MY NAME.

2020 MAY 20 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

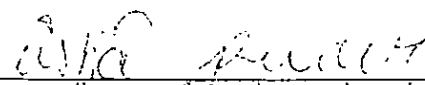
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date 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 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 10 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

NYEISHA PENDER  
\_\_\_\_\_  
Typed or printed name of signee