(Requestor's Name)
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(City/State/Zip/Phone #)
, , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BEU SLAON SPA LI	LC			
		l		Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert, Copy
				Photo Copy
				Certificate of Good Standing
			i —	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
C'				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	10/10/01			UCC 1 or 3 File
	$\frac{10/13/21}{10}$			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

Division of Cor			
SUBJECT: BE'U SALO	ON SPA LLC Name of Line	uited 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:	
	LUIS R CALDERON		
		Name of Person	
	BELAIR ACCOUNTING	SERVICES, INC.	
		Firm Company	
	1627 E. VINE STREET, S	SUITE 110	
		Address	· · · · · ·
	KISSIMMEE, FL 34744		
	belairbas(@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information e	concerning this matter, please c	all:	
LUIS R. CALDERON		407 944-9262 at ()	
Name o	of Person	Atea Code Daytime	Telephone Number
finelosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE'U SALON SPA LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Organization for this Limited Liability Completion of Comp	pany were filed on 12/28/2019	and assigned
iorida documeni number		
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:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		202
		8 1
inter new mailing address, if applicable:		1,267
Mailing address MAY BE A POST OFFICE BOX)		·
	<u></u>	
		<u></u>
B. If amending the registered agent and/or registered of or and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

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>	Name	Address	Type of Action
MGR	STEPHANIE K RODRIGUEZ	10395 NARCOOSSEE RD	bbA
		STE 300	
		ORLANDO, FL 32832	TChange
			∐Remove
			⊟Remove
			TChange
			□Remove
			
			LIRemove
			Thange

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Filing Fee: \$25.00