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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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June 19, 2020

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: A & E BEAUTIFICATION LLC

Ref. Number: L20000011179

We have received your document for A & E BEAUTIFICATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate on page 2 of document if the member listed is being added, removed or changed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00012125

Octavia L Simmons
Regulatory Specialist II Supervisor

### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/18/2020		**WALK IN**
ENTITY NAME A & E BE	EAUTIFICATION LLC	
	<u> </u>	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	CEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		_ _
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at th	e above number for any issues or concerns. Thank you so	much!

#### **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	porations		
	A & E Beau	itification LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
riease return	an correspo	naence concerning this matter	to the tonowing.	
		ZenBusiness PBC		
			Name of Person	
			Firm/Company	
		702 San Antonio St., 4th F	loor	
			Address	
		Austin, TX 78701		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (	to be used for future annual report no	otification)
For further in	iformation co	oncerning this matter, please ca	all:	
Shama Stepp	p		844 493-6249	
	Name of	f Person	at ()	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F		☐ \$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)
	iling Addres		Street Address:	
	gistration S vision of C	section orporations	Registration S Division of Co	
	Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

222 JUN 18 AN 7:48

A & E Beautification LLC

( <u>Name of the Limited Liab</u> (A Flori	illity Company ida Limited Lia	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L20000011179</u>		were filed on $\frac{01/06/2}{}$	2020	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabili	ity company here:		
The new name must be distinguishable and contain the words "Li	imited Liability	y Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADE	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here		ldress on our recor	ds, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida s	treet address	
			, Florida	Zip Code
		Cuy		Zip Code
New Registered Agent's Signature, if changing Register	•			
I hereby accept the appointment as registered agen	nt and agree	2 to act in this cano	icity. I further agi	ree to comply with t

vereby 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>	<u>Name</u>	2020 JUN 18 AN 7: 1	8 Type of Action
AMBR	ALEXIS MCRAE-SWANIGAN	4611 SOUTH UNIVERSITY DRIVE #442	
		DAVIE, FL 33328	■Remove
			□Change
AMBR	EJ Junior Jean	4201 NW 34th St Apt 410	<b>=</b> Add
		Lauderdale Lake, FL. 33319	□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			🗆 Add
			□Remove
		<del>-</del>	Change
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			□ Change

Effective date, if other than the date of filing:  [apprint of the effective date is itsted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207.  Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The coord 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 dis filed.    Signature of a member or authorized representative of a member		<u></u>
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Filing Fee: \$25.00