K20000017137

(Req	uestor's Name)	
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COVER LETTER

TO:

Registration Section

Division of	Corporations		
	BEAUTY CAFE LLC		
SUBJECT:	Name of Li	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	ubmitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
	SEEMA JANJUA		
		Name of Person	,
		Firm/Company	
	8914 W STATE ROAD	84	
		Address	
	DAVIE, FL 33324		
		City/State and Zip Code	
	E-mail address	: (to be used for future annual report ne	otification)
For further informati	ion concerning this matter, please	call:	
SEEMA JANJUA		954 303-4600 at ()	
Na	me of Person	Area Code Dayti	me Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati	Idress: on Section	Street Address: Registration S	ection .
Division o	of Corporations	Division of Co	orporations
P.O. Box Tallahass	ee, FL 32314	The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SABI BEAUTY CAFE LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L20000017137</u> .	nny were filed on <u>01/09/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
SABI BEAUTY & BROWTIQUE LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	· · · · · · · · · · · · · · · · · · ·	50.
Principal office address MUST_BE A STREET ADDRESS		-
		
		70-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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		21
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r ioriaa sireel adaress	
		rida Zip Code
	City	лір Соае

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
			□Remove
			□Change
			□Remove
			Change
			E E
			☐ Change
			□Add
			□Remove
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			□Remove
			Change
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SABI BEAUTY & BROWTIQU	JE LLC.		
			
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ective date, if other than the da effective date is listed, the date must be	specific and cannot be prior to da	te of filing or more than 90 days aff	ter filing.) Pursuant to 605.0
e: If the date inserted in this block ument's effective date on the Depart		statutory filing requirements, a	nis date will not be listed
cord specifies a delayed effective d	ate, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after
filed.			
JANUARY 28TH	2022		
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<	Sam fazia	d representative of a member	
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