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## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Division of C			
SUDJECT.	Anell's Ber	iuty Bar, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Anel	HAY DEV Name of Person	
	Avell	5 Peauly Bar, L	LC
		Cedar Poud Address	
	- Orange	City/State and Zin Code	
	anells	Park Pl 37 City/State and Zip Code bealty bar e gmai	1.com
For further information	E-mail address: (to concerning this matter, please ca	o be used for-future annual report notific	cation)
Mull	Harper	$\frac{2}{2} \text{ at } \frac{673}{672} = \frac{380}{2}$ Area Code Daytime	- 1986
emev)	or 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 Addr		Street Address:	ion
Registration Division of	Corporations	Registration Sect Division of Corp	
P.O. Box 63	•	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ancll's Bea	iuty Bar, UC
(Name of the Limited Liability Com (A Florida Limite	mpany as it now appears on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number \(\bigcup_2 \int \forall \bigcup_4 \int \forall 25 \dagger\)	any were filed on 1/7/20 and assigned
This amendment is submitted to amend the following:	7
A. If amending name, enter the new name of the limited lia	iability company here:
The new name must be distinguishable and contain the words "Limited Lia	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1801 Wells Road Orange Park FL 32073 Stute 402
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
	ce 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:	
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

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
)lover	Avrell Harper	4465 Cochr Road	\Add
	·	Ovange Park FL 37065	/ □Remove
			Change
MER	Anell Harper	4465 Cedar Rd	— Āydd
		Ovarge Park FL 37065	[]Remove
			□Change
AMBR	Anell Harper	4465 GOMY ED	\JAdd
		Ovange Park 172 32005	□Remove
			□Remove
			□Change
<u> </u>			□Add
			□Remove
		- <del></del>	□Change
<del></del>			□Add
			□Remove
			☐ Change

II amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
*	
	<u></u>
Note: If	e date, if other than the date of filing:
e record s rd is filed	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
Dated	Signature of a member or authorized representative of a member
	Anell Harper