(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C	n Section Corporations		
SUBJECT: FOO	nt Row Beaut	ty LLC	
30BJECT	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	^ '	•	
	Ariana	Lopez	
		Name of Person	
	Front Row	Beauty LLC	
		Firm/Company	
	832 Spicev	vood dr Address	
		Address	
	laheland F	1 . 33801	
	1001 1000 100	City/State and Zip Code	
	lopez. ari.	89 @ gmail - Com	Confiden)
			ncanon
For further information	on concerning this matter, please c	aii:	
Ariana	WPCZ	at (<u>407</u>) <u>316 - C</u> Area Code Daytim	00US
Nar	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
 ∅ \$25,00 Filing Fee	e S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Centificate of Status &
	o y	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			,
Mailing Add		Street Address:	ation
Registration of	on Section of Corporations	Registration Se Division of Con	
P.O. Box (•	The Centre of 7	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

()F			
Front Row (Name of the Limited Liability Comp	any as it now appear	LLC	22 H	TT
(A Florida Limited	Liability Company)		100 S	
The Articles of Organization for this Limited Liability Company	wwere filed on	01/21/2020		
Florida document number <u>L 20000025699</u>		,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company he	e <u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	esignation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	·			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				—
				_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the na</u>	me of the new regi	<u>stered</u>
Name of New Registered Agent:				
New Registered Office Address:	Fater Flor	rida street address	 .— —	
	1,771€ 7 107			
	City	Florida _	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>	<u>Name</u>	Address	Type of Action
MGR	Ariana Copez	832 Spicewood dr	□Add
		laveland, F1, 33801	□Renюve
			Z/Change
AMBR_	Ariana Lopez	332 Spirewood dr.	
		lakeland, FI, 33801	□Rелюче
			Z Change
			□ Ad d
			ПRетюve
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
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_	
_	
(If an effective Note: 1	re date, if other than the date of filing:
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 d.
Dated _	July 20th 2020.
	Prieme Line
	Signature of a member or authorized representative of a member
	Ariana Copez
	Typed or printed name of signee

Filing Fee: \$25.00