1200000 39571

(Re	equestor's Name)	
(Ac	idress)	
(Δε	ldress)	
(,,,	141033)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
/0.	icinace Entity Name	<u> </u>
(8)	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





600342276076

03/20/20--01022--015 *+25.00

S TALLENT



020 Hár 20 PH 1:27

COVER LETTER

			•
ENTIN	T BEAUTY LLC	,	
	Name of Lim	ited Liability Company	
les of A	amendment and fee(s) are sub	nutted for filing.	
rrespon	dence concerning this matter	to the following:	
	SAMANTHA M FIOREN	TINI	
		Name of Person	-
	FIORENTINI BEAUTY L	LC	
	Roman	Firm Company	
	. , , = -	TE 101	
		Address	
	NEW PORT RICHEY , FI	.ORIDA 34653	
		City/State and Zip Code	
			ification)
ition co	ncerning this matter, please co	all:	
TORES	CTINI	904 600-8620 at ()	
Same of	Person	Area Code Daytin	ne Telephone Number
κ for the	e following amount:		
Fee	ZI \$30.00 Filing Fee & Certificate of Status	☐ 855.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
		<u>Street Address:</u> Registration Se	ection
of Co	orporations	Division of Co	rporations
		The Centre of	
	ation co HOREN Same of Cox 6327	Name of Lim les of Amendment and fee(s) are substrespondence concerning this matter SAMANTHA M FIOREN FIORENTINI BEAUTY L. ROWAN 4801 RC WAN RD SUF NEW PORT RICHEY . FI florentinibeauty@gmail.com F-mail address: t ation concerning this matter, please companies of Person Refore the following amount: Fee — [7] \$30.00 Filing Fee &	Restricted Company Same of Limited Liability Company les of Amendment and feets) are submitted for filing. Trespondence concerning this matter to the following: SAMANTHA M FIORENTINI Name of Person FIORENTINI BEAUTY LLC Rowan 4801 RC: WAN RD: SUITE 101 Address NEW PORT RICHEY: FLORIDA: 34653 CityState and Zip Code florentinibeautyta gmail.com Te-mail address: tto be used for future annual report not ation concerning this matter, please call: FIORENTINI Same of Person For I \$30.00 Filing For & S55.00 Filing Fee & Certificate of Status Certificate of Status Address: tion Section To Gorporations To Gorporations To Corporations To Corporations Division of Co- The Centre of Certificate of Corporations To Corporations Division of Co- The Centre of Corporations

2415 N. Monroe Street, Suite 810

Talfahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIORENTINI BEAUTY LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>02/03/2020</u>	and assigned
Florida document number 1.20000039571		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4801 ROWAN RD	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 101	
	NEW PORT RICHEY, FLORIDA 340	553
Enter new mailing address, if applicable:	SAME AS PRINCIPAL	7n20 MAP
(Mailing address MAY BE A POST OFFICE BOX)		
		20
		PH.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new register
		ن ــــ
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	7
	, Florida _	Zar 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□□Change
			□Add
			□Remove
			□Change
			TRemove
			[]Change
			□Add
			Remove
			□Change
		Ē)Add	
		□Remove	
		[]Change	
			□Add
		□Remove	
			Chapte.

-	
-	
•	
•	
<u>iote:</u>	tive date, if other than the date of filing:
reco Lis fi	rd 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 fled.
ated	MARCH 16, 2020
	Signature of a member of authorized representative of a member
	SAMANTHA M. FIORENTINI Typed or printed name of signee