## L200000 12872

(F	Requestor's Name)	
	Address)	
(4	(datess)	
A)	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT [	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of St	atus
Special Instructions t	o Filing Officer:	

Office Use Only



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## **COVER LETTER**

Division of Corpo	rations				
suвјест: <u>Веа</u>	tiful Creation	ns hair € hails ited Liability Company			
🎨 enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	Yussel (	ESTEUE ? Name of Person			
	Beautiful Co	realions hair & no	ails		
	10630 5 1	)5 Federal Highwo Address	ay 1		
ę		Lucie Florida City/State and Zip Code  UEZ @ 9 mail. Com to be used for future annual report notifi		<b>?)</b>	
For further information con-	cerning this matter, please ca	all:			- 1
YUSSEL EST	erson	at ( <u>772</u> ) <u>400 - 7</u> Area Code Daytime	913 Telephone Number	э <del>ў</del>	13 30 AR
Enclosed is a check for the	following amount:			л Э	
\$\$\frac{1}{2}\$\$\\$\$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 St Certified Copy (additional copy is e	atus &:	
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Mailing Addrage		Stroot Addrass			

TO:

**Registration Section** 

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beautiful Creations hair Engils (LC)

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Art	rticles of Organization for this Limited Liability Company we	e filed on March	5,2020	and assigned
	document number <u>L20000072872</u> .			100
This an	mendment is submitted to amend the following:			
A. If a	amending name, enter the new name of the limited liability	company here:		
The new	v name must be distinguishable and contain the words "Limited Liability C	ompany," the designation	"LLC" or the abbre	viation "L.L.C."
Enter 1	new principal offices address, if applicable:			
<u>(Princi</u>	ipal office address MUST BE A STREET ADDRESS)			
Enter	new mailing address, if applicable:			
	ng address MAY BE A POST OFFICE BOX)			-
	amending the registered agent and/or registered office add and/or the new registered office address here:  Name of New Registered Agent:	ress on our records,		f the new registered
	New Registered Office Address:			
<b>.4</b> .		Enter Florida street	address	
			_, Florida	
V D	anima de la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra del la	Ciņ		Zip Code
l hereb provisi accept being f	egistered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete per to the obligations of my position as registered agent as pro- filed to merely reflect a change in the registered office ade tny has been notified in writing of this change.	formance of my duti vided for in Chapter	es, and I am fam 605, F.S. Or, if i	iliar with and his document is

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Yussel Estevez	\$ 2025 SE Lennord Rd #109	<u></u> ⊠Add
		PSL, FL 34952	□Remove
			□Change
AMBR	<u>Yudelkis</u> Esteuez	2025 SE Lennord Rd #109	_ XAdd
		PSL, FL 34952	□Remove
			<b>X</b> Change
		<u> </u>	□Add
			□Remove
			□Change
<b></b>			□Add
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			□Remove
			□Change
·•			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated April 13 Signature of a member or authorized representative of a member Typed or printed name of signee