

LZC 0000097913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

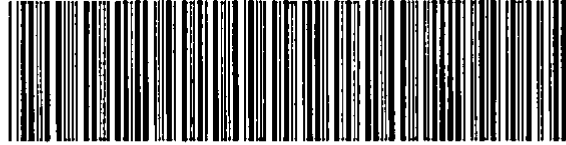
(Business Entity Name)

(Document Number)

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JAN 22 2021

S. YOUNG

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2020 DEC -7 PM 6:43

# COVER LETTER

Registration Section  
Division of Corporations

BK BEAUTY LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARIO NUHANOVIC

\_\_\_\_\_  
Name of Person

BK BEAUTY LLC

\_\_\_\_\_  
Firm/Company

8738 BAYMEADOWS RD E STE 110

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32256

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARIO NUHANOVIC

904

662-9291

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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 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**

BK BEAUTY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/06/2020 and assigned

Florida document number L20000097913

This amendment is submitted to amend the following:

**. If amending name, enter the new name of the limited liability company here:**

SIMPLE SWEET BEAUTY, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**Principal office address MUST BE A STREET ADDRESS**

**Enter new mailing address, if applicable:**

8738 BAYMEADOWS RD E STE 110

**Mailing address MAY BE A POST OFFICE BOX**

JACKSONVILLE, FL 32256

**. If amending the registered agent and/or registered office 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:

8601 BEACH BLVD APT 1402

*Enter Florida street address*

JACKSONVILLE

Florida

32216

*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**

IGR = Manager  
MBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

Dated 12/2 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Dario Nuhodovic  
Typed or printed name of signee