

120000162341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

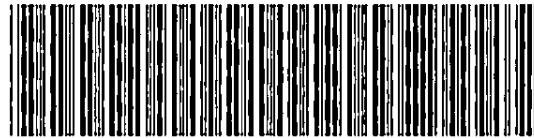
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000352069450

RECEIVED

SEP 11 2020

09/15/20--01018--007 **20.00

FILED

2020 NOV -9 AM 10:55

11-11-2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beauty XL LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Chanae Keeley
Name of Person
Beauty XL LLC
Firm/Company
1116 Brenton Leaf Drive
Address
RUSKIN, FL 33570
City/State and Zip Code
chanaekeeley@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chanae Keeley at (727) 265-7204
Name of 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 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

Beauty XL 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 6/12/2020 and assigned
Florida document number L20000162341.

This amendment is submitted to amend the following:

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

Beauty Is Lyfe 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:

(Principal office address MUST BE A STREET ADDRESS)

2822 54th Avenue South #148
Saint Petersburg, FL 33712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2822 54th Avenue South #148
Saint Petersburg, FL 33712

B. 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:

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

FILED
2020 NOV -9 AM 10:55

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Chanae Keeley	2822 54th Avenue South #148	<input type="checkbox"/> Add
		St. Pete, FL 33712	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Darryl Jones, Jr.	2822 54th Avenue South #148	<input type="checkbox"/> Add
		St. Pete, FL 33712	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 NOV -3 AM 10:55
FILED

2020 NOV - 9 AM 10:55

2020 NOV -9 AM 10:55

四三二一

(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 October 29th, 2020

Chanae Kelley
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Chanae Keetey

Typed or printed name of signee

Filing Fee: \$25.00