Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

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Account Name : DAVID C. HASTINGS, CPA, PA

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Account Number: I20000000168

Phone : (727)322-0909

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DAY IDCPA @ Try Dansay

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLAVOR THE BEAUTY COMPANY, LLC

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

Jun. 25. 12020 12:05PM

H 20000 1973033 ARTICLES OF AMENDMENT TO A ARTICLES OF ORGANIZATION OF

FLAVOR THE BEAUTY COMPANY, LLC			
(Name of the Limited Lighility Compa (A Florida Lunited)	ny as it nosy appears on our records.) Liability Company)	_	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/17/2020</u>	and assi	gned
Florida document number L20000163243			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
FLAVORS OF HAIR BEAUTY COMPANY, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.I	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 records, enter the n	SECRETALY Of the RESTANCE AMERICAN SECRETAL SECRETARION OF THE RESTANCE AMERICAN SECRETARION OF THE SECRETAR	v registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, 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

Change

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 Type of Action Address Name Title □Remove Change □Add ____ □Remove □Remove □ Change _____ □ Add ____ □Remove ____ Change ____ Change _____ □Remove

H 20000 192-3033

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
(If an c	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	06/23/2020
Daiçi	-1 0011
	Signature of a member or authorized representative of a member
	· ·

Filing Fee: \$25.00