L20 000163956

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COVER LETTER

TO: Registration Se Division of Co			MECI		
Colorbox 8					
SUBJECT:	Name of Lim	ited Liability Company	721 AUG 36	±. 6:01	
			- w <u>L</u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	#.;	-	
Please return all correspo	ondence concerning this matter	to the following:			
	Jitra Warkentien				
		Name of Person		<u> </u>	
				20	
		Firm/Company		2021 SEP	7
	3030 Eastland Blvd #104A				r n c
		Address		PH	∮ ∏
	Clearwater, Fl. 33761			-3 PH 3: 05	6
		City/State and Zip Code	 	— [∷¦ ਯ	
	matticjw@gmail.com			_	
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please ca	all:			
Jitra Warkentien		727 255-2218			
Name e	of Person		e Telephone Num	ber	
Enclosed is a check for t	he following amount: ACRE	agy PAID.			
□ \$25.00 Filing Fee	\$\frac{1}{2}\$\$ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ied Copy mal copy is enclosed	
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Cor			
P.O. Box 632		The Centre of 7		. 010	
Tallahassee.	F1. 32314	2415 N. Monro	e Street. Suite	2.840	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colorbox 8		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000163956</u>	were filed on 6/15/2020	and assigned
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Beauty Bar by Mattie, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:	1014 Onio Ave	इतिम्ल हा
Principal office address MUST BE A STREET ADDRESS)	Palm Harbor FL,	34683, 1
		3:0
nter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a	ddress on our records, <u>enter th</u>	e name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	. Enter Florida street address	
	Gmer i maa sireet aaaress	
	, Flori	
	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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being accerted removed from our records:

viGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
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			□Add
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	2021
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fective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be prior to date of	of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicable standard or the Department of State's records.	stutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at I is filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
0.01.3	
X-21-21	
ated	
Signature of a member or authorized re	

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