

6/15/2021

Division of Corporations

L20000167456

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000235351 3)))



H210002353513ABCW

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2021 JUN 15 PM 1:53

RECEIVED

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

RECEIVED  
DIVISION OF STATE  
FALLAPASSEE, FLORIDA

2021 JUN 15 AM 8:12

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: beautybyErnestine2020@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BEAUTY BY ERNESTINE SALON & DAY SPA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUN 16 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit # H21000235351 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beauty by Ernestine Salon &amp; Day Spa 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 6/17/2020 and assigned  
Florida document number L20000167456

This amendment is submitted to amend the following:

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

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:

12851 Fort King Road

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

Dade City, Florida 33525

Enter new mailing address, if applicable:

12851 Fort King Road

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

Dade City, Florida 33525

**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

Fax Audit # H21000235351 3

Fax Audit # H21000235351.3

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	Ernestine Lee	12851 Fort King Road	<input type="checkbox"/> Add
		Dade City, Florida 33525	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Fax Audit # H21000235351 3

**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 no 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 June 7, 2021 .

Signature of a member or authorized representative of a member

Ernestine Lee, Member

Typed or printed name of signer

2021 JUN 15 AM 8:12  
OFFICE OF THE CLERK  
STATE BAR ASSOCIATION OF FLORIDA

Fax Audit # H21000235351 3

**Filing Fee: \$25.00**