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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

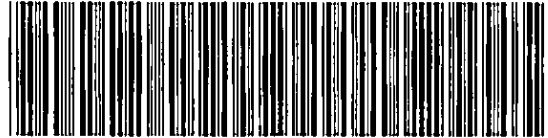
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

AUG 23 2020

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bougie Beauty Cosmetics, 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:

Erika Lewis

Name of Person

Firm/Company

4380 NW 35th Terrace

Address

Ft Lauderdale, FL 33309

City/State and Zip Code

erikalewis59@outlook.com

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

For further information concerning this matter, please call:

Erika Lewis

954

801-4113

at (_____) _____

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**

Bougie Beauty Cosmetics, 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 June 22, 2020 and assigned
Florida document number L20000172238.

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:

(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 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

City

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

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	Tia N. Morgan	2717 SW 7th Street	<input type="checkbox"/> Add
		APT 2	<input checked="" type="checkbox"/> Remove
		Ft Lauderdale, FL 33312	<input type="checkbox"/> Change
AMBR	Bianca N. Anglin	1767 Lauderdale Lakes Drive	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Ft Lauderdale, FL 33311	<input type="checkbox"/> Change
MGR	Erika A. Lewis	4380 NW 35th Terrace	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Ft Lauderdale, FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

[illegible]

(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)

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 July 1st 2020

Lia Mangani
Signature of a member or authorized representative of a member

Tia Morgan
Typed or printed name of signee

Filing Fee: \$25.00

Good Morning,

My name is Erika. I recently did my LLC, but when I went to the bank, I was told I did the information incorrectly. I basically put that my cousin and friend own the business instead of me. I believe there was a miscommunication between me and the person who was explaining the information to me. I emailed someone at limitedonline@dos.myflorida.com, but i am not sure the name of the person that I spoke to. I was sent the paperwork to do the amendment but unclear about the last. I was told that I or one of the members can sign but from what the line says. I am technically not a member or authorized representative. I printed out two last pages and signed one and I also had my friend sign one because I dont want to have to pay again for a simple mistake. I apologize for any inconveniences. Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Lewis". The signature is fluid and cursive, with a large loop at the end.

Erika Lewis