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·	Division of Corporations Fax Number : (850)617-6383		₹.
From:			
	Account Name : RC TAX SERVICE LLC Account Number : I2014000083		
	Phone : (407)932-0040 Fax Number : (407)520-5473		
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JUL 18 2020

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

we)					
	MY GOLD I	BEAUTY SPA LLO	2		
:::	Name of Limit	ed Liability Company			
osed Articles of A	mendment and fcc(s) are subm	nitted for filing.			
turn all correspon	dence concerning this matter to	o the following:			
	MEIL	YN YOLANY DAN	IDANA		
		Name of Persor			
	:	MY GOLD BEAU	TY SPA LLC		
		Firm/Company			
		9808 HERON POI	NTE DR		
		Address			
		ORLANDO, FL 33	2832		
		City/State and Zip	Cods		
	E-mail address: (t	o be used for future a	nnual report notifi	ication)	
her information co	oncerning this matter, please ca	all:			
'N YOLANY DA	NDANA	305			
Name of	Person	Area Code	Daytime	: Telephone Number	
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5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certificd Co	ру	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
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	her information converged in YOLANY DA  Name of the state	inurn all correspondence concerning this matter to MEIL.  MEIL.  E-mail address: (in the information concerning this matter, please of YN YOLANY DANDANA  Name of Person  In the information concerning this matter, please of the following amount:  Sood Filing Fee  Source Scale	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  cturn all correspondence concerning this matter to the following:  MEILYN YOLANY DAN  Name of Person  MY GOLD BEAUT  Firm/Company  9808 HERON POR  Address  ORLANDO, FL 32  City/State and Zip 6  E-mail address: (to be used for future at the information concerning this matter, please call:  "N YOLANY DANDANA  Name of Person  Area Code  dis a check for the following amount:  5.00 Filing Fee  \$30.00 Filing Fee & \$55.00 Filing Certified Co (additional cop)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  sturn all correspondence concerning this matter to the following:  MEILYN YOLANY DANDANA  Name of Person  MY GOLD BEAUTY SPA LLC  Firm/Company  9808 HERON POINTE DR  Address  ORLANDO, FL 32832  City/State and Zip Code  E-mail address: (to be used for future annual report notified in a concerning this matter, please call:  YN YOLANY DANDANA  Name of Person  Name of Person  Name of Person  Area Code  Daytime  Street Address:  Registration Section  Division of Corporations  P. O. Roy 6327  The Centre of The Centre o	

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY C	OLD BEAUTY SPAILLC	2
(Name of the Limited Liability (A Florida	y Company as it now appears on our o Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number L20000184978	ompany were filed on 06/30/2020	and assigned
This amendment is submitted to amend the following:		PH 12:
A. If amending name, enter the new name of the limi	ted liability company here:	25
M. GOLD I	BEAUTY SPA LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
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 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

Title	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
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Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he reco	rd 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 led.
Dated	JULY 13
	Signature of a plember or authorized representative of a member
	MEILYN YOLANY DANDANA
	Typed or printed name of signee

Filing Fee: \$25.00