## L20 000230483

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	J. HOR	RNE
	JUN 18	2022
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: S(TY) C Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a Please return all correspondence concerning this r	-
Annec	Name of Person
S(1	enc Visions Firm/Company
242	Address
	CITY/State and Zip Code  IN SAMA Q VANDO COM  dress: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Anne of Person	at (784 474 5067 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scenic visio	lη(	ASSECTION TO THE PROPERTY OF T
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) Liability Company)	2000 元
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 2 0000230883</u> .	y were filed on 08 03 20	20 Frank assence 5
This amendment is submitted to amend the following:		5.00
A. If amending name, enter the new name of the limited lia	bility company here:	
Goddess Brows an	d Body, LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(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, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da Zip Code
		гар Соме

## 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
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Note:	ive date, if other than the date of filing:
the recorecord is fi	d 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	April 21 2022  Signature of a member or authorized representative of a member
	Typed or printed name of signee