120000235638

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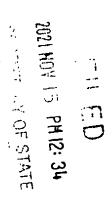
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COVER LETTER

TO: Registration Sec Division of Corp		,	•
subject: <u>SM//e</u>	A Co. Bouti	QUE LLC ted Liability Company	 -
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Kylah Smile Smiley & Co	Name of Person Doutique Firm/Company	
	2715 NW 15+	h Ct Address	
	Fort Lauder Smilesk 2430	City/State and Zip Code City/State and Zip Code Comal. Com De used for future annual report no	
For further information cor	E-mail address: (to neerning this matter, please ca		otification)
Kylah Smil-	Person		-8507 ime 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**

The Articles of Organization for this Limited Liability Company	were filed on 08/05/2020	_ and assigned
Florida document number L20000235638		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Kyluxe Beauté LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "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 a <u>agent and/or the new registered</u> office address here:	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:	i.d.	2021 NOV 1
	Enter Florida street address	YON
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code 17
I hereby accept the appointment as registered agent and agre	age to act in this canacity. I forther are	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am fair	nilia with and
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confirm that the limit	ed liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			□Chanve

,	
Note:	ive date, if other than the date of filing:
he reco ord 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	November 12 . 2021.
	Signature of a member or authorized representative of a member
	Kulan Smiler
	Typed or printed name of signee

Dir. D. Gara