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OCT 2 7 2020 S. YOUNG

COVER LETTER

O: Registration Section Division of Corporations
UBJECT: Official Beauty Beau Tique, LLC. Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Whitney MCNair Name of Person Official Beauty Beautique LLC Firm/Company 10895 SW Tusten uggee Ave Address Fort White FL 32089 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee \$\simeg\$ \$30.00 Filing Fee & \$\sum \\$555.00 Filing Fee & \$\sum \\$60.00 Filing Fee. Certificate of Status \$\sum \\$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$
Nuclium Adduses

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Contro of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0

(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 8/6/2020 and assigned Florida document number <u>L2000 837439</u> .
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 "LLC."
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: 140 Tomanauk Dr # 67
New Registered Office Address: 140 134 May 164 May 186
Indian Hazbor Och Florida 38937

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Whitney Mc Naix	10895 Su Tusteningel Auc Fort White, FL 32039	Add
			Remove
			□Change
MGK_	Dana Mchair	10895 SW Tustenuggee. Au Tort White, FL 32038	<u>_</u> □Add
		FOI+ White, FL 32038	Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

Effective date, if other than the date of filing:
ne 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 ord is filed.
Dated September 5. 2020.
Signature of a member or authorized representative of a member
Whitney MCNaire Typed or printed name of signee

. . .

Filing Fee: \$25.00