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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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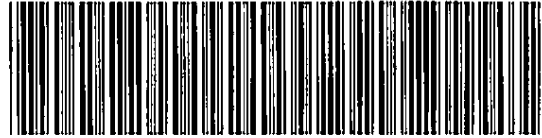
(Business Entity Name)

(Document Number)

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2020 SEP 14 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FL

10/23/20

OL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beauty & Ambition Investment Team 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:

Mona Jean

Name of Person

Firm/Company

PO Box 893

Address

Fort Pierce, FL 34954

City/State and Zip Code

monajean86@gmail.com

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

For further information concerning this matter, please call:

Mona Jean 772 777-1067
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

2020 SEP 14 AM 9:21

Beauty & Ambition Investment Team LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/15/2020 and assigned
Florida document number 200350804132.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Beauty & Ambition Investment Team LLC

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

_____, 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 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>
MBR	Cambrea Goodman	2008 N 50th St	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34947	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Demetrice Strapp	2025 SE Lennard Rd Apt 109	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Trisha Pease	1317 SE Floresta Dr	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Monna Jean	PO Box 893	<input checked="" type="checkbox"/> Add
		Fe. Pierce, FL 34954	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Pres	Monna Jean	PO Box 893	<input type="checkbox"/> Add
		Fe. Pierce, FL 34954	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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 September 11, 2020

Signature of _____

Mona Jean

Typed or printed name of signee