120000266187

(Requestor's Name)
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,
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PICK-UP WAIT MAIL
(Their and California)
(Business Entity Name)
(Document Number)
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R. HUNT O 2/27/23

COVER LETTER

TO: Registration Se Division of Con					
ZanZan Be	auty LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Zanaba Hudson				
		Name of Person			
				5 1 15	
		Firm/Company		773	
	20120 NE 3rd Court Apt 7			2	:
		Address		-10	1
	Miami FL 33179		ME WISH	FH 1: 23	ζ
	zanzanlifestyl21@gmail.co	City/State and Zip Code m	ল	ω	
	E-mail address: (to be used for future annual report notif	fication)		
For further information c	oncerning this matter, please c	all:			
Zanaba Hudson		954 8503355			
Name c	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is er	itus &	
<u>Mailing Addres</u> Registration 3		Street Address: Registration Sec	ction		
Division of C		Division of Cor			
P.O. Box 632		The Centre of T			
Tallahassee,	rl 32314	2410 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZanZan Beauty LLC /Name of the Limited Liability Com	nany ac if now annears on our re	eards)
(<u>Name of the Limited Liability Com</u> (A Florida Limited	d Liability Company)	<u>COLUS.</u>)
The Articles of Organization for this Limited Liability Comparation document number $\frac{1.20000266187}{}$.	y were filed on 8/26/2020	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ZanZan Lifestyle LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		. 3
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		23 111 123
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>er</u>	iter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
	City	, Florida
	CHŸ	гір соне

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

 							
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ffective date, if other than an effective date is listed, the date of the date inserted in the ocument's effective date on the	is block does not	meet the applica	o date of filing or ble statutory fili	more than 90 days ng requirements	optional) after filing.) F , this date w	ursuant to	605.020 listed a
seament's effective date on a	ic Department of	state s records.					
record specifies a delayed efferis filed.	ective date, but no	ot an effective tin	ne, at 12:01 a.m	. on the earlier o	f: (b) The 9	90th day	after the
Dec 16		2022					
415-4	7	•	_ ·				
A.	1 1						

Typed or printed name of signee