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(Requestor's Name) (Address) (Address)	200390269742		
(City/State/Zip/Phone #)	07/01/2201011025 **60.00		
Certified Copies Certificates of Status	2022 NOV - 7 N: 8: 32		
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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

HOUSE & BEAUTY NAIL & HAIR STYLES LLC SUBJECT:

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:

PATRICA WRIGHT Name of Person HOUSE & BEAUTY NAIL & HAIR Firm/Company 4152 INVERRARY DR., 3412 Address 2022 NOV - 7 Mil 8: 32 LAUDERHILL, FL 33319 City/State and Zip Code PWRIGHT166@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATRICIA WRIGHT 954 773-1190 at (Davtime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$55.00 Filing Fee & \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



Division of Corporations

October 24, 2022

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PATRICIA WRIGHT 4152 INVERRARY DR #412 BUILDING 1 LAUDERHILL, FL 33319

SUBJECT: HOUSE & BEAUTY NAIL & HAIR STYLES LLC Ref. Number: L20000284305

We have received your document for HOUSE & BEAUTY NAIL & HAIR STYLES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 422A00021214

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUSE & DEALTY MALE & HAD STVIES I.		2022		
HOUSE & BEAUTY NAIL & HAIR STYLES lic				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	liability Company)	1		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000284305</u>	were filed on <u>09/11/2020</u>	and assigned		
This amendment is submitted to amend the following:		- 3 - 12		
A. If amending name, enter the new name of the limited liab	ility company here:			
INTERNATIONAL HOUSE & BEAUTY SECURITY FIRM LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" (or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4152 INVERRARY DR #412			
(Principal office address MUST_BE A STREET ADDRESS)	LAUDERHILL, FL 33319			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>				
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>	<u>ae name of the new registered</u>		
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:

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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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	PATRICIA S WRIGHT	4152 INVERRARY DR., #412	🗆 Add
		LAUDERHILL, FL 33319	
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meetive date, it direct to		to date of filing or more than 90	days after filing) Pursuant to 605 0207
an effective date is issed, is foto: If the date inserted	in this block does not meet the applic	able statutory filing requirer	nents, this date will not be listed as
one, it the date motified	on the Department of State's records		
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	t and a local base was an effective to	ma ot D:01 o m on the en	river of: (b) The 90th day after th
record specifies a delayer	f effective date, but not an effective ti	inic, at 12.01 a.m. on me ca	ine on the out out and a
is filed			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated 11/7/2022 Signature of a member or authorized representative of a member Fatricia Wright Typed or printed name of signee

Filing Fee: \$25.00