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ECRETARY OF STATE

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### **COVER LETTER**

TO:	Registration Section Division of Corporati	ons				
SUBJE	ст: <u>Bilk</u>	G Bearty Name of Lin	nited Liability Company			
The enc	losed Articles of Amend	iment and fee(s) are sul	bmitted for filing.			
Please r	eturn all correspondence	e concerning this matter	r to the following:			
	_	Ja	ina Feldman			
		S	Firm/Company	<u>C</u>		
		5824	Mohr Loop Address			
	<u></u>	Tar	Pa Fl. 336/5 City/State and Zip Code	······································		
	_	11f0 C E-mail address:	bein Love . Om (to be used for future annual report notif	fication)	2024 SECI TA	
For furt	her information concern		•	,	2024 JUL   SECRETA  TALLAH	-
	Trina Feld Name of Person	MA	at ( <del>1)1</del> <u>251-3</u> Area Code Daytime	2384 Telephone Number	ECRETARY OF STATE	
Enclose	d is a check for the follo	wing amount:			1.,	
<b>ઇ \$</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & py	

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

Λ

BilKa	beauty	<u>llc</u>		
(Name of the Limited (A	Liability Company as it Florida Limited Liability	y Company)	r_records.)	
The Articles of Organization for this Limited Liab		filed on 7/2	12024	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability c	ompany here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Cor	npany," the designation	on "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicab				
(Principal office address MUST BE A STREET)	ADDRESS)			SECH T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			TARK OF ST
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ss on our records	, enter the name	e of the new registered
Name of New Registered Agent:		Feldman		
New Registered Office Address:	5826 M	Enter Florida stree	et address	
	Tun	npa in	, Flori <b>da</b>	336/5 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

Page 1 of 3

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Onld 2024 JUL
			2024 JUL 11 CH 3 42 BECRIMARY OF STATE TALFAHASSEE, FU
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

# Page 2 of 3

J. 11 2111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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-	SECRETARY OF S	manage manage
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(If an eff Note:	ive date, if other than the date of filing:	207 (3)(b) as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	07/02 2024. Toldma	
	Signature of a premoer or authorized representative of a member	

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