L2000368822

(Requestor's Name)
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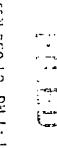
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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	fo	IIShby jess L Name of Limi	Led Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		<u>Jessic</u>	Ca Matland Name of Person	
		Polish	Name of Person Name of Person Firm/Company	
		4571 NW 1	7+hAVE Address	
		Tamarac f	Florida 3330 City/State and Zip Code)9
		POI Should E-mail addryss: (i	OUTESSEAMULT to be used for future annual report not	. COM tification)
For further is	nformation c	oncerning this matter, please ca	J all:	
	SICCI Name o	MaiHand	at (954) 470 -	3502 me Telephone Number
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,		ne following amount:		
\$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Polishbyjæss L	C	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L2000368822}{L}$.	re filed on 12-09-202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
Beauty Manor 5 LC The new name must be distinguishable and contain the words "Limited Liability Contains the words "Linited Liability "Liability "Liability "Liability "Liability "Liab		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		. <u></u>
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the nam	e of the new registered
	<i>(</i> %)	
Name of New Registered Agent:		्रे जिल्लाम्
New Registered Office Address:	Enter Florida street address	
	P.Mer P Wriau street daaress	2
 	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	<i>'''</i>	
I hereby accept the appointment as registered agent and agree t	o act in this capacity. I further ac	ree to comply with the
provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as proving the contract of the co	formance of my duties, and I am j	familiar with and

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		······	□Remove
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ective date	e, if other than	the date of fili	ng:	mor to date of	filing or more than 9	(optional) 00 days after filing.) Pursuant to
te: If the d	ate inserted in thi	s block does not	meet the ap	plicable statu	tory filing require	ements, this date will not be
ument s en	fective date on th	e Department of	State's reco	ras.		;
						10 p
cora specit s filed.	es a delayed effe	ctive date, but n	ot an effectiv	ve time, at 12	:01 a.m. on the ea	arlier of: (b) The 90th day
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