

L21 0000005420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

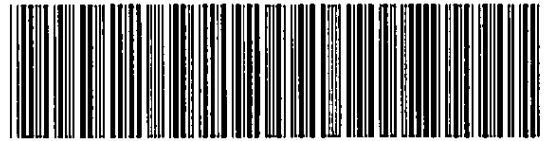
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

New Agent must sign
Signature 6204

Office Use Only



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12/13/21--01025--007 **25.00

FILED
2022 FEB -1 PM 12:20
SECRETARY OF STATE
ALBANY, NY

Amendment &
Name Change

FEB 1 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUTED BEAUTY MAKEUP, 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:

NEQUOSHA ANDERSON

Name of Person

ANDERSON LAW FIRM PLLC

Firm/Company

581 N PARK AVE STE 2355

Address

APOPKA FL 32712

City/State and Zip Code

OFFICE@ANDERSONLAWFL.COM

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

For further information concerning this matter, please call:

NEQUOSHA ANDERSON

407

801-8000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

FILED
2022 FEB -1 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2022

NEQUOSHA ANDERSON
ANDERSON LAW FIRM PLLC
581 N PARK AVE., STE 2355
APOPKA, FL 32712

SUBJECT: MUTED BEAUTY MAKEUP, LLC
Ref. Number: L21000005420

We have received your document for MUTED BEAUTY MAKEUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Diane Cushing
Senior Section Administrator

Letter Number: 422A00001439

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MUTED BEAUTY MAKEUP, LLC

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

FILED
2022 FEB - 1 PM 12:20
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 12/28/2020 and assigned
Florida document number L21000005420.

This amendment is submitted to amend the following:

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

HUE BEAUTY & MAKEUP 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:

ANDERSON LAW FIRM PLLC

New Registered Office Address:

581 N PARK AVE STE 2355

Enter Florida street address

APOPKA

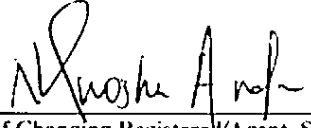
City

Florida 32712

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.

 *ESQ of Anderson Law Firm*

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

(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)

Dated January 21 2022

NEQUOSHIA ANDERSON

Typed or printed name of signee