L21000020485

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WALK IN

	CERTIFIED COP	Y	<u></u>
XX	РНОТОСОРУ		
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XX	FILING	LLC AMEND	
	BEAUTY COUTUR CORPORATE NAME AND I	E INTERNATIONAL DOCUMENT #)	
	CORPORATE NAME AND I	DOCUMENT #)	
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		OCHMENT #1	
((CORPORATE NAME AND I	OCCUMENT#)	
_	CORPORATE NAME AND I		
((_	DOCUMENT #)	

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Beauty Couture International 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:

Kenisha Campbell Name of Person Beauty Couture International Firm/Company 13394 SW 26th St Address Miramar, Fl 33027 City/State and Zip Code

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

For further information concerning this matter, please call:

Kenisha Campbell	_at (561)2	016014
Name of Person	Area Code	Daytime Telephone Number

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☐ \$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

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

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

The Articles of Organization for this Limited Liability Compar	ny were filed on2/27/23 and assigned
Florida document number <u>L2100002048</u> 5	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13394_SW_26th_St
(Principal office address MUST BE A STREET ADDRESS)	Miramar, FL 33027
	<u> </u>
Enter new mailing address, if applicable:	13394 SW 26th Sin 로
(Mailing address MAY BE A POST OFFICE BOX)	Miramar, FL 330270
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
N. D. C. A. A. G. C. A.	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
If Cha	anging 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 Nam		^{∆ddres} 45 NW 182 st	Type of Action
<u>resident Kei</u>	nisha Campbell	Miami Gardens,	□Add
		FL 33169	
			t □Change
<u>Mgr</u> Keni	sha Campbell	l	■Add
		13394 SW 26th St	□Remove
		Miramar, FL 33027	□Change
			CORE No.
			RY OF S
			ESTATE OF STATE
			□Remove
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Effective date, if	other than the o	late of filing:		1	(opti	onal)	
If an effective date is Note: If the date i document's effection	inserted in this blo	ck does not mee:	t the applicabl	e statutory filing	g requirements, th	is date will not	be listed as t
e record specifies a rd is filed.	a delayed effective	date, but not an	effective time	, at 12:01 a.m. c	on the earlier of: (b	o) The 90th da	ıy after the
	mber 11	// 2	2023	\mathcal{A}			
Dated Nove		ν	`^	///			
Dated Nove		fignature of timen	Mer of authorize	ord correspondation	of a member		

Filing Fee: \$25.00