

h21 000029289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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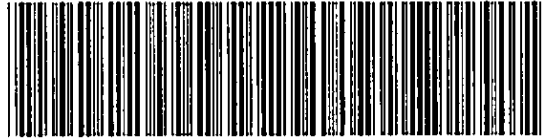
(Business Entity Name)

(Document Number)

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02/01/22--01013--014 \*\*25.00

A. BUTLER

FEB 14 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beauty by AP 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:

Alina Polanco  
Name of Person

Beauty by AP  
Firm/Company

354 Waterview Dr 3-D  
Address

Palm Springs, FL 33461  
City/State and Zip Code

alina-polanco@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alina Polanco at (561) 846-0871  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 by AP LLC

(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 Company were filed on 1/13/2021 and assigned  
Florida document number L21000079289

This amendment is submitted to amend the following:

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

Esthetics by AP 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)

1601 N Dixie Hwy Suite 106  
Lake Worth, FL 33460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

304 Waterview Dr 3-D  
Dalm Springs, FL 33461

**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:

Alina Polanco

New Registered Office Address:

1601 N Dixie Hwy Suite 106

Enter Florida street address

Lake Worth

City

Florida

33460

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.*

Alina Polanco

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alina Polanco	304 Waterview dr 3-D	<input checked="" type="checkbox"/> Add
		palm springs, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mayra Polanco	304 Waterview dr 3-D	<input checked="" type="checkbox"/> Add
		palm springs, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

January 25  
Dated 1/25/2022, 2022

Alina Polanco  
Typed or printed name of signee

**Filing Fee: \$25.00**