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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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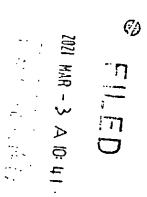
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COVER LETTER

TO: Registration S Division of Co.		
	Beauty LLC	v
SUBJECT:	Name of Limited Liability Company	Telephone Number \$60,00-Filing Fac Certificate of Status & Certified Copy (additional copy is enclosed)
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspondent	condence concerning this matter to the following:	
	Jenny sue Ramlakhan	
	Name of Person	
	Storz Of Baruty LLC	
	Firm/Company	
	2050 nw 43 terr apt 6	
	Address	
	Lauderhill fl 33313	
	City/State and Zip Code	
	starzofbeautyllc@gmail.com	
	E-mail address: (to be used for future annual report notification)	Q)
For further information	concerning this matter, please call:	2021
Jenny Ramlakhan	954 707-3702 at ()	三章 门
Name	of Person Area Code Daytime Telephone Number	· · · · ·
Enclosed is a check for	the following amount:	<u> </u>
■ \$25,00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	ng Fee. of Status & Copy
Mailing Addre		
Registration Division of C	Section Registration Section Corporations Division of Corporations	
P.O. Boy 63		

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

starz of beauty llc		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
the Articles of Organization for this Limited I	Liability Company were filed on $\frac{02/0}{2}$	and assigned
forida document number £.21000056202		
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
ne new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L L C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:	<u>.</u>	
Mailing address MAY BE A POST OFFICE	<u>BOX</u>	
		and and and all and and a Cale and a Cale
. If amending the registered agent and/or gent and/or the new registered office addr	<u> </u>	cords, enter the name of the new regist
		: - 2 : = 7
Name of New Registered Agent:	Jenny Sue Ramlakhan	MAR T
New Registered Office Address:	2050 nw 43terr apt 6	W
New Registered Office Address.	Enter Floric	la street address
	lauderhill	Florida 33313
	City	₹ip 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

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>	Address	Type of Action
AMBR	Jenny Ramlakhan	2050 nw 43 apt 6 lauderhill fl, 33313	\
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			□ Remove
			□Change
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te: If the date inserted in this blooment's effective date on the D	OCK GOCS HOL INCCL	are apprication	statutory filing red	quirements, this da	te will not	be listed a
				>	••	
ecord specifies a delayed effectives tiled.	e date, but not an	effective time,	at 12.01 a.m. on th	e earlier of: (b)	The 90th d	ay after the
febuary 21	2	021				
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Jun Just	Signature of a mem	ber or authorize	d representative of a	member		
/ • /						

Filing Fee: \$25.00