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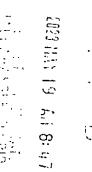
(R	Requestor's Name)
(A	ddress)
A)	ddress)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Occument Number)
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COVER LETTER

Tallahassee, FL 32314

TO: Registration : Division of Co			
BEAUTY	BY CELESTE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter	_	
	Shannan Field, Esq.		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	The Law Office of Shanna	n M. Field, PA	
		Firm/Company	
	1135 S. Washington Avc.,	Suite A	
	- 1471.7-14.3-1	Address	
	Titusville, FL 32780		
	shannanfield@yahoo.com	City/State and Zip Code	
		to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
Shannan Field		321 362-5414 at ()	
Name	of Person		time 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)
<u>Mailing Addr</u> Registration		Street Address: Registration S	
-	Corporations	Division of C	
P.O. Box 63		The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTY BY CELESTE, 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 $\frac{02/04/2021}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: တ္ Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida _

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
MGR	CELESTE MCGREAL	3535 SABLE PALM LN., UNIT O	□Add
		TITUSVILLE, FL 32780	□Remove
AMBR	CELESTE MCGREAL	3535 SABLE PALM LN., UNIT O	
		TITUSVILLE, FL 32780	□Remove
			■Change
			□Add
			□Remove
			□Change
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ective date, if other that effective date is listed, the die: If the date inserted in ument's effective date on	ate must be specific and this block does not m	I cannot be prior to neet the applical	o date of filing or r	nore than 90 days		
cord specifies a delayed e filed.	ffective date, but not	an effective tim	nc, at 12:01 a.m.	on the earlier of	of: (b) The 90t	th day after the
ed May 15+ Cellste	<u>γ</u>	. <u>2023</u>				
Celeste	M95701	al				
	Signature of a r	member or author	ized representativ	e of a member		

Filing Fee: \$25.00