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Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor				
Pienie Party	y Events LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
	Ambreya Steward			
		Name of Person		
	Picnic Party Events LLC			
	Firm/Company			
	11112 Hudson Hills Lane			
		Address		
	Riverview, FL 33579			
		City/State and Zip Code		
	blackmagnolia.aestheties@g	gmail.com to be used for future annual report not	itication	
For further information c	concerning this matter, please ca	·	(Claudy)	
Ambreya Steward		813 493-1320		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PICNIC PARTY EVENTS LLC	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/10/2021}{1}$	and assigned
Florida document number L21000069984	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Black Magnolia Aesthetics LLC	
he 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)	
	. 22
	1
3. If amending the registered agent and/or registered office address on our records, <u>e</u>	nter the name of the hew registere
gent and/or the new registered office address here:	1 6
Name of New Registered Agent:	
New Registered Office Address:	. 2
Enter Florida street a	ddress
	F1 11
	, Florida

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			[] Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated November 23 2022 Signature of a member or authorized representative of a member Ambreya Steward

Typed or printed name of signee