# L21000812100

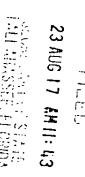
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-
	J. HORNE	
	J. HORNE SEP 2 2 202	3
		8/17

Office Use Only



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July 21, 2023

PATRICIANY SANTOS 9739 ELM WAY TAMPA, FL 33635 US

SUBJECT: PRIVILEGE CLEANING SERVICES LLC

Ref. Number: L21000086266

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 723A00016343

www.sunbiz.org

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CO	)RPORA′	TION: PRIVILEGE CLEA	ANING SERVICES LLC	·
		R:		
The enclosed A	Articles of .	Amendment and fee are sul	bmitted for filing.	
Please return al	ll correspo	ndence concerning this ma	tter to the following:	
	PA	TRICIANY SANTOS		
	_		Name of Contact Pers	son
		20 51 14 114 11	Firm/ Company	
	<del>9</del> 7	39 ELM WAY	Address	
	ТА	MPA FL 33635	Address	
			City/ State and Zip Co	ode
	pa	riciany.patty@hotmail.con	n	
		E-mail address: (to be us	ed for future annual repo	ort notification)
For further info	ormation co	oncerning this matter, pleas	se call:	
PATRICIANY	SANTOS		at ( <sup>813</sup>	577 9187
	Name of (	Contact Person	Area (	Code & Daytime Telephone Number
Enclosed is a cl	heck for th	e following amount made	payable to the Florida Do	epartment of State:
■ \$35 Filing	Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	2 S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Amend Divisio P.O. Bo	<u>x Address</u> ment Section n of Corporations ox 6327 ssee, FL 32314	Ame Divi The 241	et Address ndment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 shassee, FL 32303

#### **COVER LETTER**

Division of Corp			
SUBJECT: P2/N	Name of Limi	IG SERVICES LLO	<u> </u>
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	PATRIC	Name of Person	
	PRIVILE	GE CLEANING SEQ	NICES LLC
	9739 E	LM WAY Address	
	†Amf	PA IFLORIDA 1336 City/State and Zip Code	:35
		. PATTY CHOTMAIL to be used for future annual report noti	
For further information co	oncerning this matter, please ca	ill:	
PATRICIA Name o	NY SANTOS FPerson	at (813) 577 - Area Code Daytim	9187 c Telephone Number
Enclosed is a check for the	ne 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 Address Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	

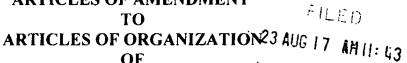
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT

## TO



PRIVILEGE CLEANING SERVICES LLC"
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 0212212021	and assigned
ionda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
BARE BEAUTY AND BODY STU	DIO LLC	
he new name must be distinguishable and contain the words "Limited Liabilit	y 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 acagent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del></del>	City , Fiorida_	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.

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

. 3

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Rетюче
			□Change
			□Add
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(If an effo Note:	ve date, if other than the date of filing:
ne record ord is fil	I 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 ed.
Dated .	Patriciany Janter Signature of a mamber or authorized representative of a member
	Patriciany Santal
	Signature of a member or authorized representative of a member
	PATRICIANY SANTOS

E::: E #25.00