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Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Branky Rock Sci	100 71C
Name of Limi	ted Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
	Name of Person
<u> </u>	Rock Salon JJC Firm/Company
4609	- CYDUC DY UNAddress
Plant	City State and Zip Code  Liver Hysec King Confliction of State Commission of the state of the st
E)mail address) (1	beautyrackialanticagnail.com.
For further information concerning this matter, please co	
Monny league de la Torre	at (954) 8255821 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration 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 Rock	. Salon J.	70		
(Name of the Limited Mability Compa (A Florida Limited E	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company	were filed on <u>Ma</u>	1505/10/10	and assigned	
Florida document number <u>121000986004</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the design	nation "LLC" or the abbro	eviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Fatura and suggestion and suggestion between			2821 J	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	71		
(Mailing address MAY BE A POST OFFICE BOX)		•	<del>- 70</del>	
		•	= 1	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our recoi	rds, enter the name	of the new registere	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this cape performance of my provided for in Chap	duties, and I am far pter 605, F.S. Or, if	miliar with and This document is	

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
MGR	Venny Vegade la Torre	4609 Copper In Platchy Ed	⊠Add
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			□Change
AMBR Yermy VergadelaTo	Yermy Vegacele Tora	- 4009 (pport) Photo	cud Add
	·		□Remove
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Effective date, if other than f an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and is block does not	nd cannot be prior meet the applic	to date of filing or able statutory fil	more than 90 days	<b>optional)</b> ; after filing.) Pu s, this date wil	rsuant to 605 I not be liste	5.0207 ed as
record specifies a delayed effe d is filed.	ective date, but no	ot an effective ti	me, at 12:01 a.n	n. on the earlier o	of: (b) The 9	0th day afte:	r the
Dated <u>Ö(() () () () ()</u>	<i>}</i> /	·					
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	Signature of a	nember or author	orized representat	ve of a member			

Filing Fee: \$25.00