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SECRETARY OF STATE

COVER LETTER

Division of Corporations		3 . · · · ·
NAME OF CORPORATION: <u>Beauti</u>	Fab Boutique	LLC
DOCUMENT NUMBER: L21000123	2055	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
<u>Victoria</u> Le	Name of Contact Persor	1
	o Boutique l	
_ 306 Orig	ta Drive	
DAvenport	City/ State and Zip Code	3897
E-mail address: (to be us	Fablu. com sed for future annual report	notification)
Victoria LeDay Name of Contact Person	at (_32\	250-3704 le & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment of State:
☐ \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section Division of Corporations		ment Section n of Corporations
P.O. Box 6327		entre of Tallahassee
Tallahassee, FL 32314	2415 N	I. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beautifab Boutique 1	<u>LC</u>	
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	202
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000122055</u> .	were filed on 3/15/2021	AHASS AHAS AHAS AHASS AHAS AHASS AHASS AHASS AHAS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS
amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." If amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." If amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." If amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." If amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." If amending name, enter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "L.L.C." If amending name, enter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "L.L.C." If amending name, enter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "L.L.C." If amending name, enter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "L.L.C." If amending name, enter the new name of the limited Liability Company, the designation "LLC" or the abbreviation "L.L.C." If a mew principal offices address, if applicable: If a mew principal offices address, if applicables address, if applicables address address address address address		
A. If amending name, enter the new name of the limited liab	ility company here:	(4: 56 TATE LORIDA
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8875 Hidden River	Parkway
(Principal office address MUST BE A STREET ADDRESS)	Suite 331	
	Tampa Florion 3	3637
Enter new mailing address, if applicable:	8875 Hidden Rive	r Parkway
(Mailing address MAY BE A POST OFFICE BOX)	Suite 331	
	Tampa Florion	33637
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the na	ime of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	N/A Enter Florida street address	
		N. f.
	NIA Florida	
ew Registered Agent's Signature, if changing Registered Agent:		Zip Code

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 auged or removed from our records:

or remove	I from our records:		
MGR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			Change
			□Add
			□Remove
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_			
			Remove
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______ □Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff Note:	ive date, if other than the date of filing:
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Dated	September 2 . 2021. Victoria Sebaga Signature of a member or authorized representative of a member
	A /
	Victoria Toloria
	Signature of a member or authorized representative of a member

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