## L2100012295L

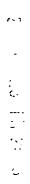
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
	OW BEAUTY LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JADE GOODLOE			
		Name of Person	, , , , , , , , , , , , , , , , , , ,	
	GOODGLOW BEAUTY I	.LC		
		Firm/Company	·	
	2519 MCMULLEN BOOT	TH RD.		
		Address		
	CLEARWATER, FL 33761			
		City/State and Zip Code		
	SHOPGOODGLOW@GM			
	E-mail address: (	to be used for future annual report noti	(fication)	
For further information c	oncerning this matter, please c	all:		
JADE GOODLOE		727 314-3663		
Name o	f Person	Area Code Daytirr	ne Telephone Number	
Enclosed is a check for the	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 Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 632 Tallahassee, i		The Centre of 7	Fallahassee be Street, Suite 810	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOODGLOW BEAUTY LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/15/2021	and assigned
lorida document number L21000122956	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
IADE BRIANA BEAUTY LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, enter the nam	e of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		`,
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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			🗆 Add
			Remove
			Change
			□Add
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ect	ive date, if other than the date of filing: (optional)
i efl	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	tent's effective date on the Department of State's records.
cor	rd 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
	led.
ted	18 June 2021.
	Cade Doorllae
	Signature of a member or authorized representative of a member
	To do ( = = = 1 = 0

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Filing Fee: \$25.00