## LZ1000130368

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Q. SILAS                                |
|   |
|   |

Office Use Only



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## COVER LETTER

|                      | tration Section of Corp  |  | •   |  |
|----------------------|--|--|---|--|
|                      | •  | etics of Beverly Hills, LLC                    |   |  |
|                      |  |  |   |  |
|                      |  | Name of Limit                                  | ed Liability Company  | _  |
|                      |  |  |   |  |
| The enclosed A       | Anicles of A   | mendment and fee(s) are subn                   | nitted for filing.  |  |
| Please return a      | ill correspon  | dence concerning this matter to                | o the following:  |  |
|                      |  | Thomas G. Zeichman                             |   |  |
|                      |  |  | Name of Person  | <del></del>  |
|                      |  | Beighley, Myrick, Udell + I                    | Lynne, P.A.   |  |
|                      |  |  | Firm/Company  | <del></del>  |
|                      |  | 2385 EXECUTIVE CENTI                           | ER DRIVE, SUITE 250   |  |
|                      |  |  | Address   |  |
|                      |  | Boca Raton, FL 33431                           |   |  |
|                      |  | TZEICHMAN@BMULAW                               | City/State and Zip Code<br>COM  | <del></del>  |
|                      |  |  | o be used for future annual report notification)  | <del>_</del>   |
|                      |  |  |   |  |
|                      |  | ncerning this matter, please ca                |   |  |
| THOMAS G.            | ZEICHMA  | N  | •   |  |
|                      | Name of  | Person   | at () Area Code Daytime Telephone Na  | amber  |
| Enclosed is a        | check for the  | e following amount:                            |   |  |
| <b>■ \$</b> 25.00 Fi |  | (1) \$30.00 Filing Fee & Certificate of Status | Certified Copy Cer<br>(additional copy is enclosed) Cer   | .00 Filing Fee,<br>rtificate of Status &<br>rtified Copy<br>ditional copy is enclosed) |
| Reg<br>Divi<br>P.O   | ing Address<br>istration S<br>ision of Co<br>. Box 632<br>ahassec, F | ection<br>orporations<br>7                     | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC 10 PH 5: 24

SECRETARY OF STATE TALLAMASSES, FL

Instant Cosmetics of Beverly Hills, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company   | were filed on MARCH  | 119, 2021 and assigned                   |  |
|---|--|--|--|
| Florida document number   | ,  |  |  |
| This amendment is submitted to amend the following:   |  |  |  |
| A. If amending name, enter the new name of the limited lia  | bility company here:   |  |  |
| The new name must be distinguishable and contain the words "Limited Liah  | oility Company," the designa   | tion "LLC" or the abbreviation "L.L.C."  |  |
| Enter new principal offices address, if applicable:   | 1250 E Hallandale Be   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Hallandale Beach, Fl   | orida 33009                              |  |
|   |  |  |  |
| Enter new mailing address, if applicable:   | 1250 E Hallandale B  | each Blvd Suite 306                      |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Hallandale Beach, Fl   | orida 33009                              |  |
|   |  |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  | e address on our record  | ds, enter the name of the new registered |  |
| New Registered Office Address:  |  |  |  |
|   | Enter Morida street address  |  |  |
|   | City   | , Florida<br>Zip Code                    |  |
| New Registered Agent's Signature, if changing Registered Agen   |  | Lip Code                                 |  |
| I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change. | gree to act in this cape<br>te performance of my<br>s provided for in Char | duties, and I am familiar with and       |  |
| <u>ií ci</u>  | hanging 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

| Title       | Name          | Address   | Type of Action      |
|-------------|---------------|---|---------------------|
| MGR         | AARON FELDMAN | 1201 Hallquide Plants (II of Sour We, Hall-milde Den I, 1849); 1432 |                     |
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| Note: I                         | the date, if other than the date of filing:   |
| If the record<br>record is file | 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 d. |
|                                 | December 3  |
|                                 | —————————·  |
| Dated _                         |   |
| Dated _                         |   |
| Dated _                         | Signature of a member or authorized representative of a member  |