K21000166023

	questor's Name)	
(ive	questor s manie)	
	draga)	
DA)	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
		_
☐ bick-nb	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Dc	cument Number)	
(,	
Cardillad Carrian	C-+:6	af Ctatua
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ŀ

Office Use Only 5, C.
07/15/2/



900367658669

06/14/21--01039--006 **25.00

7071 Jay Hu A II: 2

COVER LETTER

Division of Cor	porations			
SUBJECT:	The Beauty Name of Lim	e of life LLC hited Libility Company	·. 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	The Bea 14900 SW Muramas,	Name of Person Aute of Life, L Firm/Company Address Lagrand Zip Code City/State and Zip Code Company Address Address		ر به دره
For further information co	oncerning this matter, please ca		7021	4,2
Kimberly Nande of	Henderson	at (<u>954</u>) <u>348 - 1</u>	1313 ETClephone Number	
			A ::	- 1
Enclosed is a check for th	e following amount:		2	مد
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose	

* TO:

Registration Section

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

D I AUCHA

ne Dearte of	Life LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L210001660</u> 2	
Florida document number LATOOTIVV	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14900 SW 30# St.
(Principal office address MUST BE A STREET ADDRESS)	Unit 278034
	Miramas, Fl 33027
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14900 SW 30th st Unit 278034
	Miramar, Fl 33027
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
	; <u>=:</u> _;
Name of New Registered Agent:	
New Registered Office Address: 14900	Enter Florida street address Florida 3302-1
Mira	
	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 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	Ian Henderson	17652 SW 8th Court	□Add
		17652 SW 8th Court Rembrake Pines, FL 320	27 DKemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			🗆 Add
			□Remove
			Change
			DAdd DRemove
			Change
			DAdd
			□Remove
			□Change

	, <u>.</u>			
				
	-		· · · · · · · · · · · · · · · · · · ·	
				
	<u>-</u>			
			·	
ective date, if other t	han the date of filin	g:	(option	nal)
effective date is listed, the	date must be specific and this block does not a	d cannot be prior to date one of the applicable sta	of filing or more than 90 days after futurery filing requirements, this	iling.) Pursuant to 605.020' date will mot be listed as
umant's offactive data	on the Department of S	State's records.	actory imag requirements, this	is
union s crieditye date				##
union s checuve date	l accamina deservice	t an effective time, at	2:01 a.m. on the earlier of: (b)	The 90th day after the
cord specifies a delayed	i cirective date, but no			<u> </u>
	i effective date, but not			
cord specifies a delayeds filed.	e chective date, but not	242/		= 7
cord specifies a delayed	2	202/		A 11: 24
cord specifies a delayeds filed.	2	2021	la cod a	A 11: 24
cord specifies a delayeds filed.	Signature of a	2021 Lest Hend	esset presentative of a member	A 11: 24