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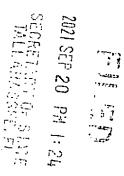
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
PRETTI B SUBJECT:	BEAUTY SUPPLY LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	·
Thu	· A	who is su	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
		to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
LOVETTE DOBSON		888 462-345	3
Name o	f Person		ytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$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 enclosed)
Mailing Addres		Street Address	
Registration S Division of C		Registration	Section Corporations
P.O. Box 632			of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRETTI B BEAUTY SUPPLY LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on 04/14/2021	and assigned
Florida document number L21000172548		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
PRETTI B BEAUTY LOUNGE LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u>්</u>	_2
	<u></u>	<u> </u>
D. A	F32	20
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	19.	
		·· •
		-
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name</u>	of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer i toriuu areer uuur caa	
	, Florida	Zip Code
	City	zip Coae

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>	<u>Address</u>	Type of Action
			□Remove
			□ Add
			Remove
			☐ Change
			Add Add
			A Change
			Change Change Change Change Change
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fili	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of fili	
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 is filed.	I a.m. on the earlier of: (b) The 90th day after the
SEPTEMBER 17 2021	
Theyha Ornis	
Allow Market Milania	entative of a member