121000247037

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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T. MATTHEWS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2021

THOBY JEAN-BART 10525 SW 24TH ST MIRAMAR, FL 33025

SUBJECT: BEAUTY MIRRORS YOU LLC

Ref. Number: L21000247037

We have received your document for BEAUTY MIRRORS YOU LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 421A00022352

COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT:	Name of Lim	CCS TCCI LL ited Liability Company	<u>. C</u>
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Those J	Name of Person	
	Pandy 1	Firm/Company	
	10525 56	O 24th St. Address	
	<u> </u>	FL, 33035	
	E-mail-authress (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	fication)
For further information co	oncerning this matter, please co	all:	
Name o	l Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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	Section	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beauty Hoors	YOU LLC 21	DEC 27 - Mr. 3- 34
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000247037</u> .	npany were filed on/_($\frac{10}{100}$ $\frac{26}{200}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company,,, the design	ation "L.L.C., or the abbreviation "L.L.C.,
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	rvet 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>	Name	Address	Type of Action
AMBR	Thoby Jean-Bart	10525 gis 24th St Larrencer FL, 335025	
		Mirroman FL, 33025	□Remove
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ote: If the di	ite inserted in this	he date of filing must be specific and block does not m Department of S	neet the applical	o date of filing or mo ble statutory filing	ore than 90 days after requirements, this	onal) filing) Pursuant to 605. date will not be liste	0207 ed as
ecord specif	es a delayed effec	rtive date, but not	an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)) The 90th day after	the
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			nember or author	ized representative	of a member		

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Filing Fee: \$25.00