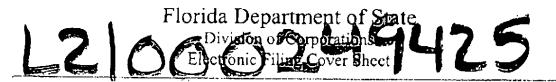
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Division of Corporations



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE RITZY BEAUTY SUITES LLC

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Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

AUG - 9 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ITZY BEAUTY SUITES LLC				
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability (Company)	records.)			
The Articles of Organization for this Limited Liab	oility Company were filed on 05/27/202;	· · · · · · · · · · · · · · · · · · ·	and as	signed	
Florida document number 1.21000249425	·				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability company here:				
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation	"LLC" or the abbr	evizion "L	J_C."	_
Enter new principal offices address, if applicab	de:	···			_
(Principal office address MUST BE A STREET.	ADDRESS)		 ·		
					
<u> </u>					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	· · · · · · · · · · · · · · · · · · ·			
		<u> </u>			
B. If amending the registered agent and/or regi	istered office address on our records, e			≥ vireeis	tered
agent and/or the new registered office address h	<u>iere</u> :		*	AUG	
				ชีวี	רד
Name of New Registered Agent:			 	COE	
New Registered Office Address:			(T) −.	<u>γ~</u> χ.	
	Enter Florida street a	ddress	0.15	ਲ	•
-		, Florida	_ <u>5</u> 5_	<u>က</u>	_
	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

Title	Name		Address	Type of Action
AMBR	ORTIZ, MARISOL	601	NW 109 AVE APT 11 MIAM, FL 33172	🗀 Add
				≅Rœnove
				□Change
MGR	ORTIZ, MARISOL	-	601 NW 109 AVE APT 11 MIAMI, FL. 33172	🗟 Add
				BRemove
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		-		Dvqq
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effective due is limed, the date mul eg. If the date inserted in this bi	n be specific and cannot be prior to took does not meet the applica	n date of filing or more than ble atmestory filling requir	90 days effer filing) Pursuant to 605 020 ements, this date will not be listed t
niment's effective date on the D			•
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Filling Fee: \$25.00

Typed or printed name of signee