L21000252966

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2024 JAN 18 AM 9: 06

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COVER LETTER

TO:

Tallahassee, FL 32314

то:	Registration S Division of Co			
SUBJE	CCT:	Beauté by andrea	, LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Indrea Rivera Pla	ata
			Name of Person	
		Be	auté by andrea l	LC
			Firm/Company	
		531 Jenks	Ave. Unit A. Fanan Address	na Cty
		Fanor	City FLORIDA City/State and Zip Code	32401
			. ρατ. απατερίωση to be used for future annual repo	
For fur	ther information	concerning this matter, please ca		
		Rivera	at (<u>850</u>) 5	32 →310 Daytime Telephone Number
	Name o	of Person	Area Code E	aytime Telephone Number
Enclos	ed is a check for t	the following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Addre	
	Registration Division of 0		Registratio Division of	n Section f Corporations
	P.O. Box 633			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

_		
Beo	isté by ai	andrea LLC.
(Name of the Limited	<u>, Liability Compa</u> VFlorida Limited I	pany as it now appears on our records. 2024 Jail 8 Mil 9: 0.
ne Articles of Organization for this Limited Liab	oility Company	y were filed on June L. 2021 and assigned E
orida document number <u>L2100025296</u>	<u>,6</u> .	
his amendment is submitted to amend the follow	ving:	
. If amending name, enter the new name of t	he limited liab	bility company here:
Beauté & co. Aesthetic	S ILC.	
ne new name must be distinguishable and contain the wor	ds "Limited Liabi	sility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicat	ole:	N/A
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE Bo</u>	<u>0X)</u>	N/A
gent and/or the new registered office address	here:	address on our records, enter the name of the new regist
3.1 15 1 1.05.00 1.11	AN	
New Registered Office Address:		Enter Florida street address
New Registered Office Address:		Enter Florida street address Florida City Zip Code

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.

A/A	
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>	<u>Name</u>	Address	Type of Action
	N/A		□Add
			Remove
			Change
	4/17		□Add
			Remove
			□Change
	4\ N		
			□Remove
	N/A_		\ \ _ _ _ \Add
			Remove
			Change
	<u> 4/ </u>		
		· · · · · · · · · · · · · · · · · · ·	Remove
	· N/A		□Adð
			Remove
			[]Change

	4\n
_	
(If an effect Note: If	e date, if other than the date of filing: October 13 2023 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
he record s ord is filed	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
Dated _	January 10 . 2024.
	ALREA LIEPA
	Signature of a member or authorized representative of a member
	andrea Rivera

Filing Fee: \$25.00



December 19, 2023

ANDREA C. RIVERA PLATA 531 JENKS AVE. SUITE A PANAMA CITY, FL 32401

SUBJECT: BEAUTE BY ANDREA LLC

Ref. Number: L21000252966

We have received your document for BEAUTE BY ANDREA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 523A00028850

Anissa Butler Regulatory Specialist II