

121 000 269958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

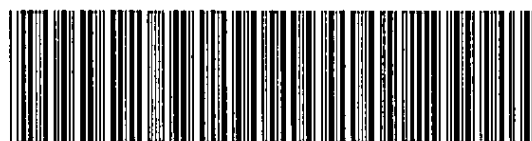
(Business Entity Name)

(Document Number)

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2021 OCT 14 AM 8:13  
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SECY PART OF STATE  
TALAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Business Beauty Brains, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chotsuni Gordon  
Name of Person

Business Beauty Brains, LLC.  
Firm/Company

7900 Oak Lane Suite #400  
Address

Miami Lakes Florida 33016  
City/State and Zip Code

info@businessbeautybrains.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chotsuni Gordon at (754) 268-6160  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

Business Beauty Brains, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 10, 2021 and assigned Florida document number L21000269958

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7900 oak lane  
Suite # 400  
Miami Lakes, Florida 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7900 oak lane  
Suite # 400  
Miami Lakes, Florida 33016

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

7900 oak lane Suite #400  
Enter Florida street address  
Miami Lakes, Florida 33016  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chotsani Gordon	7900 oak lane	<input checked="" type="checkbox"/> Add
		Suite #400 Miami Lakes	<input type="checkbox"/> Remove
		Florida 33016	<input type="checkbox"/> Change
MGR	Chotsani Gordon	1690 NE 32nd St	<input type="checkbox"/> Add
		#E Oakland Park	<input checked="" type="checkbox"/> Remove
		FL 33334	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2021 OCT 14 PM 6:00  
FALLASBORO, FL  
SECURITY ASSOCIATES

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I would like all addresses pertaining  
to my business changed to

7900 oak lane suite # 400  
Miami Lakes, Florida 33016

My new business # is:  
754-268-6160

This is the new office to call.

2021 OCT 14 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

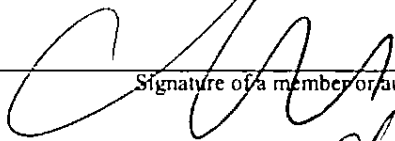
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 30, 2021



Signature of a member or authorized representative of a member

Chotsumi Gordon

Typed or printed name of signee