## LZ1000310526

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300401197343

01/81/29--01028--003 \*\*25.00

41123 Villa 2023 JAN 31 PM 4:11 SECREMANY OF STATE

TILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RLS SOCIAL, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records d Liability Company)	_)
The Articles of Organization for this Limited Liability Comparation document number <u>L21000310526</u>	y were filed on 07/07/2021	and assimed
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
TE DUA BEAUTY, LLC		•
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		2023 JA
Enter new mailing address, if applicable:		N31 PI
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office	e address on our records, <u>enter t</u>	he name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Lines 1 tortua sirvet adaress	•
	, Flo.	rida Zip Code
	City	say Cine

## 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>	Address	Type of Action
			□Remove
			Change
		<u></u>	□Add
			□Remove
			□ Change
			□Add.
			Remove
			☐ Change
			□Add
			□Remove
			□ Change
		<del></del>	□Add
			☐Rem (ve
			CJAdd
			□Remove
			- Change

f amending any other						
,						_
<del></del> -						
				<u>.                                    </u>		_•
						-
			<del></del>	-	•	_
				<u> </u>		_
						-: <sup>:</sup>
						·
	•					
				- v		_
		<u></u>				_
						-
						_
			<del></del>			-
		_		<u>-</u>		_ <b>.</b> `
						_
					<u> </u>	_
ffective date, if other an effective date is listed, the	han the date of fili	ing:		(option	nal)	
an effective date is listed, th ote: If the date inserted	e date must be specific a in this block does no	and cannot be prior to a meet the applica	o date of filing or mor ble statutory filing	e than 90 days after to requirements, this o	ling.) Pursuant to 60 fate will not be lis	15.1720 sted a
ocument's effective date						
record specifies a delaye Lis filed.	d effective date, but n	iot an effective tir	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day aft	er the
			1			•
ated		2023		,		
	Clanatura of	· //	rized representative o	f a mamber		•
	Signature of	a memocyor autho	incorepresentative o	ra memoer		•
		Λ	D + I			

Filing Fee: \$25.00