21000311064

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(Address)	
	
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TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Wednesday, August 04, 2021

SENT VLA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For TATY'S BEAUTICIAN, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

TO:	•			
SUBJ	ect: <u>TATY'S</u>		iited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
Division of Corporations SUBJECT: TATY'S BEAUTICIAN. 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: Corporate Maintenance Lead Name of Person Processing Department Firm/Company 1450 Vassar St Address Reno, NV 89502 City/State and Zip Code returndocs@incauthority.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Processing Department Area Code Daytune Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$ \$25.00 Filling Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate Copy (calditional copy is enclosed)			ad	
		0		
		Proc		
		•	1450 Vassar St	
			Address	
		•		
			ocs@incauthority.com	
For fur	ther information c		•	ncaion)
	Process	ing Department	at (800) 638-2320	
	Name o	f Person	Area Code Daytime	r Telephone Number
Enclos	ed is a check for th	ne following amount:		
⊡ \$ 2	5.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURI	
	Divisio	ation Section n of Corporations ox 6327	Registration Section Division of Corpor Clifton Building	

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L.	BEAUTICIAN, LLC Company as it now appears on o imited Liability Company)	nt terotop)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000311064</u>	npany were filed on 07/07/	21 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company bere:		
	BEAUTICIAN, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:		2021 AUS	- €3 TI
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, enter the name of the	
Name of New Registered Agent:			··:
New Registered Office Address:	******		
	Enter Florida stri	eet address	
	Cia.	, Florida	
	Ciŋ.	Zıp 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 = M AMBR = A	lanager uthorized Member		
Title	Name	<u>Address</u>	Type of Action
			Add
			☐ Remove
			☐ Change
			□ ∧dd
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
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ie;	ive date, if other than the date of filing:	(3)(b) the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	:
ted .	8/3/2021	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00