

L21000376224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

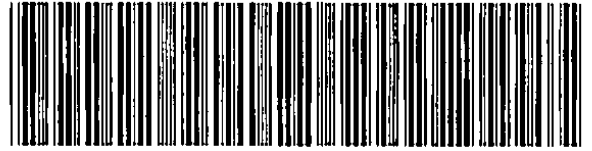
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700374603787

10/08/21--01015--009 **30.00

21 OCT --9 PM 12:46

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHY BEAUTY PA, 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:

MELANIE DA COSTA

Name of Person

HEALTHY BEAUTY PA, LLC

Firm/Company

13798 NW 20TH ST

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

MELANIED@THEBIOSTATION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO DACOSTA

954 702-4737

at ()

Name of Person

Area Code

Daytime Telephone Number

Return address: 13798 NW. 20th ST. Pembroke Pines, FL. 33028.

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

**TO
ARTICLES OF ORGANIZATION
OF**

HEALTHY BEAUTY PA, LLC

21 OCT -9 PM 12:46

(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 AUGUST 23, 2021 and assigned
Florida document number L21000376224.

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:

13798 NW 20TH ST

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33028

Enter new mailing address, if applicable:

13798 NW 20TH ST

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33028

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

Name of New Registered Agent:

FERNANDO DACOSTA

New Registered Office Address:

13798 NW 20TH ST

Enter Florida street address

PEMBROKE PINES

Florida 33028

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 w
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen
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

for removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

21 OCT -3 PM 12:46

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

21 OCT -8 PM 12:46

E. Effective date, if other than the date of filing: OCTOBER 04, 2021 (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 605.020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 OCTOBER 04, 2021

Melanie Da Costa
Signature of a member or authorized representative of a member

MELANIE DACOSTA

Typed or printed name of signer