## LZ1000391296

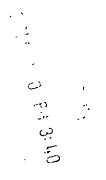
(Requestor's Name)
(Address)
· ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dustiness Fath, Mans)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<del></del>
Special Instructions to Filing Officer:

Office Use Only



900372325369

(9/10/21--01013--013 \*\*60.00



aloulai R

## **COVER LETTER**

TO: Registration Section Division of Corporations	<u>.</u>
SUBJECT: K ROSE BE	auty Limited Liability Company mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Kateline	Name of Person
K Rose T	Searty LLC Firm/Company
505 Park	way Dr Address
fort Pierc	e FL 34950
KROSEBeau E-mail address:	City/State and Zip Code  Lify LLL @ gmail. Com  (to be used for future annual report notification)
For further information concerning this matter, please of	call:
Katlline Joseph Nume of Person	at (305) Area Code S904042 Daytime Telephone Number
Enclosed is a check for the following amount:	$\mathcal{A}$
□ \$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 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	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Krose Beauty Lle	2	
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lie Florida document number 210003	ability Company were filed on September 1st	202 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
K Rose Beauty	110	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
Principal office address MUST BE A STREET	T ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	<u></u>	
		<del></del>
	egistered office address on our records, enter the r	name of the new registered
agent and/or the new registered office address	<u>s here</u> :	
Name of New Registered Agent:		
		1 (1978) 1 (1978) 1 (1977)
New Registered Office Address:	Enter Florida street oddress	
	, Florida	<u></u>
	City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	- <del></del>
, , ,	I agent and agree to act in this capacity. I further and complete performance of my duties, and I astered agent as provided for in Chapter 605, F.S. (spaintered office address: I hereby confirm that the	Or, if this document is
· ·		. mmea naomy
		. IIIIIIca IIIIIII

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Add
		···	□Remove
			□ Change
			□ Add
			□Remove
			□ Remove
			□ Change
	<del></del>		□Add
			□Remove
			□ Change

D. If ame	nding any other i	information, er	iter change(s)	) here: <i>(At</i>	tach additional	sheets, if necessa	rry.)	
	There	Should	be	a	space	between	on Hu	2
	k and	Hie	Rose	(بر)	K	Rose	Beart	U.
_	Krosp S	2001	/10	is	incor	rect	·	-7
- i		Ran	11111	110		orrect		-
	K Rose	Bea	ury c			OVICET	<u>.                                    </u>	-
_								-
					-			-
_							<del></del>	_
_								_
_								-
_								-
<u></u>	<del></del>	<del></del>						-
_					·			-
_								_
_								-
_							· · · · · ·	-
_				<u></u>			· <del></del>	-
(If an effe <b>Note:</b>	ve date, if other to the textive date is listed, the lift the date inserted the textile and is effective date.	date must be specin this block does	ific and cannot be s not meet the a	applicable st	of filing or more thatutory filing req	(optional an 90 days after filin uirements, this dat	g.) Pursuant to 60	5,0207 (3)(b) ted as the
If the record	I specifies a delayed ed.	d effective date, b	out not an effect	tive time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day afte	er the
Dated _	Seftemb	er 8		24.				
	Lat	ELINL Signatur	re of a member of	fluthorized r	epresentative of a	member		
	Kat	eline	Jos.	eph				
			Typed or	r prihted nam	e of signee			

Filing Fee: \$25.00