L21000481380

	(Requestor's Name)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Canada Instructions to	a Filing Officer
Special Instructions to	5 Filing Officer.
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A. BUTLER SEP 27 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Beautie Braids Academy 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:
Shauntrelle Jetise Thompson Name of Person
The Beautie Braids Academy LLC
1334 Timberlane Ad Suite 15
Talla hassee, Fl 32312 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shountrelle Thompson at (386) 866-9139 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 ED OF

2022 SEP 27 AM II: 14

The Beautie Brands Ac (Name of the Limited Liability Compa (A Florida Limited L	aderoy LLC POST OF STATE Nas it now (ppears on our records) (SEE, FI	
The Articles of Organization for this Limited Liability Company	were filed on November 8,2021 and assigned	
Florida document number <u>L21000481390</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1334 Timberlane hood, Suite 15	
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FJ 32312	
Enter new mailing address, if applicable:	1334 Timberlane Mond, Suite 15,	
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, F1 32312	
	m beclane hoad, Suite 15 Enter Florida street address G55ee , Florida 32312	
	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 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
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New	Change email: infoebeautie braids a caclemy. com Company number: 386-866-9139
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Note:	ive date, if other than the date of filing:
e reco rd is fi	rd 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 led.
Dated	Sep 27th 3022.

Filing Fee: \$25.00