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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

	Beauty Boss	LLC	·	
SUBJECT:		Name of Limit	ed Liability Company	
		Amendment and fee(s) are subn		
Please returr	all correspor	ndence concerning this matter t	o the following:	
		Kimberly Shuck		
			Name of Person	
			Firm/Company	<u></u>
		323 Laurenburg Ln		
			Address	
		Ococe FL 34761		
		studio29photography@hotm	City/State and Zip Code nail.com	-
		E-mail address: (t	o be used for future annual report notific	cation)
For further i	information co	oncerning this matter, please ca	all:	
Kimberly S	huck		616 560-0471	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		1
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Sec	ction
			D	

Division of Corporations

Registration Section

Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314 **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D D I I C		122 I
Beauty Boss LLC	Liability Company as it now appears on our rec	ords.)
(A	Liability Company as it now appears on our rec Florida Limited Liability Company)	(S) 1
	12/09/2021	
The Articles of Organization for this Limited Liab	oility Company were filed on 127072021	and assigned
Florida document number L21000520698	·	1.083 1.083
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Kimberly Shuck LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "l	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
· · ·		
(Principal office address MUST BE A STREET	ADDRESSI	
	<del></del>	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or rep	gistered office address on our records, en	ter the name of the new register
agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
	Distr 1 ionid Sirect de	
	Circ	, Florida Zip Code
	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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Γitle</u>	Name	<u>Address</u>	Type of Action
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			Remove
			□Add
			Remove
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			Change
			□Remove
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			□Remove
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		—————	ow Kimberly Shuck	LLC effective as of	January 1 of 202	22.
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Filing Fee: \$25.00