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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. MATTHEWS APR 2 2 2022

RECEIVED

2022 APR -7 AM 8: 00

SECRETALLY L. STATE TALLAHASSEE, FL

March 18, 2022

LINDSEY SEWELL 12222 TATTERSALL PARK LN TAMPA, FL 33625

SUBJECT: EXULT BEAUTY LLC Ref. Number: L22000003855

We have received your document for EXULT BEAUTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If amending authorized person(s) authorized to manage you must provide the title, name, and address of each person being added, removed, or changed in our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00006456

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT. EXU | It Reallt | T 1 | |
| SUBJECT: CRO | Name of Lim | ited Libbility Company | <u>-</u> |
| | | | |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | lindsey. | Sewell | |
| | | Name of Person | |
| | EXU | 1+ Beauty | |
| | | Firm/Company | |
| | 12232 Tay | tersall park in | <u> </u> |
| | | Address | |
| | tamp | Oa, 19 33675 City/State and Zip Code | 5 |
| | | | |
| | E-mail address: (1 | 737@icloud. (| fication) |
| For further information co | oncerning this matter, please co | | |
| 1.005000 0 | A 3 | | |
| Name of | Person | at (707) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | e Telephone Number |
| , vanie o | Tellon | , aca code Sajana | |
| Enclosed is a check for th | e 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 S | | <u>Street Address:</u> Registration Se | ction |
| Division of Co | | Division of Cor | porations |
| P.O. Box 632 Tallahassee, F | | The Centre of T | Fallahassee be Street, Suite 810 |
| rananassee, r | 1. 34314 | 2413 N. MOINO | e succi, same and |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION FILED STATE OF STATE OF STATE DIVISION OF CORPORATIONS

Off I HO

| EXUH R | oruster | 22 APR -7 PH 11 C | Ü |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------|-----------------------|
| (Name of the Limited I. | jability Company as it lorida Limited Liability | now appears on our records.) Company) | |
| The Articles of Organization for this Limited Liabil | | led on 12/27/21 | and assigned |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | e limited liability co | mpany here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Comp | pany," the designation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | <u></u> | | |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he | | on our records, enter the nam | ie of the new registe |
| Name of New Registered Agent: | | <u> </u> | |
| New Registered Office Address: | *** | Enter Florida street address | |
| | | | |
| _ | Cin | Florida | Zip Code |
| New Registered Agent's Signature, if changing Regi | | | , |

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> | Name | Address | Type of Action |
|--------------|---------------|------------------------------------------|-----------------|
| MGR | Darmarte Exps | 12222 tathersall park | <u>///</u> ≣Add |
| | | 12222 tathersall park Tampa, El 33625 | □Remove |
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| an eff <u>ote:</u> | (optional) ective date, if other than the date of filing: |
| recor lis fil | d 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 ed. |
| ated | March 2nd .2022. |
| | |
| | Signature of a member of a uniforized representative of a member |