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(Requ	uestor's Name)	
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Name Change

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Beyo	and Blorde Juxu	uru Salan		
7	Name of Lin	nited Libility Company		
				N. g. **
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Meliz	Ka Romano Name of Person		N. T
	(Owe	er) Beyond Amde Fign/Company	Wenny Salan	Ne.C
		10 th Ave NE		
	info 6	City State and Zip Code Trunded to have Significant and Significant Significa	20	Co to the se
	E-mail address: (to be used for luture annual report notil	tudio-(m -> in	to a grounded rais
For further information c	concerning this matter, please of		* 1 * 1	(2) (2) (3)
Melisa /	omaru	at (<u>239</u>) <u>384-3</u> Area Code Daytime	609	FEB 1
Name o	f Person	Area Code Daytime	e Telephone Number	P
Enclosed is a check for the	he following amount:		: · · · · · · · · · · · · · · · · · · ·	Clare Cased
□ \$25.00 Filing Fee	Z \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	us &
Mailing Addres	<u>s:</u>	Street Address:		
Registration S		Registration Sec	tion:	
Division of C		Division of Con		
P.O. Box 632		The Centre of Ta		14 T
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beyond Blonde W	Ixury Salan	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) .imited Lubbility Company)	4.
The Articles of Organization for this Limited Liability Con	mpany were filed on December 27th 2021 and assig	med
Florida document number <u>L 2200000 5057</u> .	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Grounded Roots Bed The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	auty and Wellness studio L. Led Liability Company." the designation "L.L." or the abbreviation "L.L." 24880 S. Tamiani To	ail FL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the new to the ne	registered
	, Florida	

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 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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vic. If the date tise	ter than the date of d, the date must be specif ded in this block does late on the Departmen	not meet me appnear) date of filing or mo ble statutory filing	(option re than 90 days after to requirements, this	nal) iling.) Pursuant to 605,020 date will not be listed a
ecord specifies a del is filed.	ayed effective date, hu	n not an effective tim	ne, at 12:01 a.m. or	i the earlier of: (b)	The 90th day after th
ied <u>Fabiu</u>	Mal	9 202 line Rom	2 ano		1. 4 *
- 	Signature	of a member or authori	ized representative o	f a member	
	Melisa	, , , ,)	1600 I name of signee		

Filing Fee: \$25.00