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T. MATTHEWS FEB -7 2022

COVER LETTER

	istration Se ision of Cor			
		•		1 k y 4
SUBJECT:	Do Good	Beauty ELC	·	
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Laurie M. Lee		
			Name of Person	
		The Legal Department		
			Firm/Company	
		5011 Gate Parkway Bldg 1	00-100	
			Address	
		Jacksonville, FL 32256		
			City/State and Zip Code	
		admin@thelegaldepartmen	t.law to be used for future annual report not	(fication)
For further in	formation co	oncerning this matter, please ca	·	
Laurie M. L	ec		at (904) 860-3111	
Name of Person		Area Code Daytim	ne Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$ 25.00 F	iling 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)
	ling Addres		Street Address: Registration Se	ection
		orporations	Division of Co	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 OF

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Zip Code

Do Good Beauty LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company	were filed onJanuary 4, 2022	and assigned
Florida document number <u>L22000011354</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Para Placita and Italia	
	Enter Florida street address	
	. 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.

City

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
	 		□Add
			Петюvе
			□Change
			□Add
			□Remove
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			□ Add
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			□Change
			🗂 Add
			□Remove
			Change
. 			□Add
			□Rетюve
			Change
			□Add
			□ Remove
			□ Change

	ticle III Provisions: Changing to state "Any and all lawful business"
	
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tote: If t	date, if other than the date of filing:
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	January 20 2022 .

Filing Fee: \$25.00