

122000020233

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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C. BRUMBLEY

FEB 17 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gracefully Styled 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:

Markita Smith  
Name of Person

6th Avenue Styling Station  
Firm/Company

6474 SAN JUAN AVE.  
Address

JACKSONVILLE, FL 32210  
City/State and Zip Code

GracefullyStyledLLC.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Markita Smith at (904) 891-7897  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
OF**

Gracefully Styled LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01 - 10 - 22 and assigned Florida document number L22000020233.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Love & Beauty LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6474 SAN JUAN AVE.

JACKSONVILLE, FL 32210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6474 SAN JUAN AVE.

JACKSONVILLE, FL 32210

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARKITA SMITH	6880 STAFF AVE. #14	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINDA HOWARD	6880 STAFF AVE. #14	<input type="checkbox"/> Add
		JACKSONVILLE FL, 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARKITA SMITH	4474 SAN JUAN AVE.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINDA HOWARD	4474 SAN JUAN AVE.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL, 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Signature of a member or authorized representative

## MARKET-2 Supply

Typed or printed name of signee