## 122000022059

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2022 FEB -8 AMIO: 4

## **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT: SUB	Name of Lin	3 B Courty nited Liability Company	Bar	
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	<u>Kayle</u>	Name of Person	/	
	Sublim	Eirn/Company	beauty	Bar
	1790 TU	rtle HII Address	Rd.	
_	Suplimeu	City/State and Zip Co  OX DPGUT  (to be used for future and	ybar wg	mail.com
For further information conc		•	,	
KANIEL WC	NOIC	at (Mrea Code)	Daytime Teleph	one Number
Enclosed is a check for the f	ollowing amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Copy (additional copy i	y	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:			et Address:	

Registration Section 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

Sublime May & Benuty Bar

FILED

2022 FEB -8 AM 10: 47

(Name of the Limited Liahi	ility Comparts as it now appears of	nour records Vr CR-TARY or
(A Flori	da Limited Liability Company)	our records:) ECRETARY OF STATE FALLAHASSEE, FLORE
The Articles of Organization for this Limited Liability Torida document number <u>L 22000027</u>	Company were filed on O1	$1 \sim 1 \sim 2$
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
	<u></u>	
S. A		
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
Muning dadress MAT BL ATOST OFFICE BOA		
<ol> <li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li> </ol>		rds, enter the name of the new registe
gent and/or the new registered office address here:	•	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida .	street address
New Registered Office Address:	Enter Florida . City	street address, Florida 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 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
AMBR	kaylee wade	1790 Turte Hill Rd	🗹 Ádd
		Enterpn 81, FL 32725	□Remove
			□Change
			🗆 Add
		<u></u>	□Remove
			□Change
			□Add
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		<del></del>	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
_	
_	
-	
(If an effect Note: If	e date, if other than the date of filing:
he record s ord is tiled	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
Dated F	ebruary 5th 2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee