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T. MATTHEWS MAR 2 4 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: P Beauty Goals UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Poroche Phillips Name of Person
P Beauty Goals LLC
905 SW 15th St Apt. 103
Pompano Beach Fl 33060 City State and Zip Code
Porschericale 24 agmail. Com E-mail address: (to be used for home annual report notification)
For further information concerning this matter, please call:
Poysche Phillips at (561) 674-7408 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
XS25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

P. Beauty	Foals L		11:5 15 51:12: O1
(Name of the Limited L. (A.):	iability Company as it no lorida Limited Liability Co	w appears on our record empany)	<u>(s.</u>)
The Articles of Organization for this Limited Liabil Florida document number <u>L. 2200056</u>	ity Company were file <u>174</u> .	d on 2/2/23	and assigned
This amendment is submitted to amend the followin	g :		
A. If amending name, <u>enter the new name of the</u>	limited liability com	pany here:	
The new name must be distinguishable and contain the words	"Limited Liability Compar	ny," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	·	
(Principal office address MUST BE A STREET A)	DDRESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	,	Enter Elorida street addres	
_	Cuv	, Fl	orida 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>	<u>Name</u>	<u>Address</u>	Type of Action	
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	tive date, if other than the date of filing: (optional)
	ffective 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 to Higher date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
doeur	ment's effective date on the Department of State's records.
the reco	rd 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 filed,
Dated	March 10 2022
	Signature of a member or authorized representative of a member
	Por the Phillips Typed or printed name of signee