## h22000073842

| (Requestor's Name)                      |                     |
|---|---------------------|
| (Address)                               | 000382669           |
| (Address)                               |                     |
| (City/State/Zip/Phone #)                |                     |
| (Business Entity Name)                  |                     |
| (Document Number)                       | 03/09/2201013       |
| Certified Copies Certificates of Status |                     |
| Special Instructions to Filing Officer: |                     |
| O SU AO                                 |                     |
| ा. SILAS                                | SECRETAR<br>TALLAHA |

Office Use Only



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## **COVER LETTER**

|              | egistration Sectivision of Cor |  |   |  |
|--------------|--------------------------------|--|---|--|
| 0111111771   |                                | AUTY LLC   |   |  |
| SUBJECT      | ·                              | Name of Lim  | ited Liability Company  |  |
|              |                                | Amendment and fee(s) are sub-<br>ndence concerning this matter |   |  |
|              |                                | SIERRA RICHARD   |   |  |
|              |                                | 2800m  | Name of Person  Which Bivd C  Firm/Company                          | Suite 3030<br>Cannord Pain Fl 33311  |
|              |                                | 540 NW 4TH AVE APT 2   |   |  |
|              |                                |  | Address   |  |
|              |                                | FORT LAUDERDALE FI   | _ 33311   |  |
|              |                                | sierrarichard24@yahoo.com                                      |   |  |
| Para Caraban | . : ftion o                    | E-mail address: ( oncerning this matter, please c              | to be used for future annual report notif                           | ication)   |
| ror lunner   | · information c                | oncerning this matter, prease c                                |   |  |
| SIERRA I     | RICHARD                        |  | 754 235-7311<br>at ()   |  |
|              | Name o                         | of Person  | Area Code Daytime   | : Telephone Number   |
| Enclosed is  | s a check for th               | he following amount:   |   |  |
| ₩ \$25.00    | ) Filing 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) |
|              |                                |  |   |  |

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 FILED OF

2022 MAR -9 PM 12: 54

XOXO BEAUTY LLC

Y LLC

(Name of the Limited Liability Company as it now appears on our CREATARY UF STATE
(A Florida Limited Liability Company)

IALLAHASSEE, FL

| The Articles of Organization for this Limited Liability Company  | were filed on 01/25/2022       | and assigned                        |
|--|--------------------------------|-------------------------------------|
| Florida document number L2200073842  |                                |                                     |
| This amendment is submitted to amend the following:  |                                |                                     |
| A. If amending name, enter the new name of the limited liab  | ility company here:            |                                     |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation | "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  | 2800 W Oak                     | hiandparin Blvd                     |
| (Principal office address MUST BE A STREET ADDRESS)  | Dainland pa<br>Suite 30?       | (n FL 33811<br>3c                   |
| Enter new mailing address, if applicable:  |                                |                                     |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                |                                     |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent: | address on our records, e      | nter the name of the new registered |
| New Registered Office Address:   |                                |                                     |
| ,  | Enter Florida street a         | ddress                              |
|  | City                           | , FloridaZip Code                   |
|  | •                              | Zip Code                            |
| New Registered Agent's Signature, if changing Registered Agent:  |                                |                                     |

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 |
|--------------|----------------|------------------------|----------------|
| AMBR         | Sierra Richard | 540 NW 4 th Ave Apt 25 | 10 MAdd        |
|              |                | Fort Lauderdone FL33:  | 3∐ □Remove     |
|              |                | ·                      | Change         |
|              | <del></del>    | <del></del>            |                |
|              |                |                        | □Remove        |
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|              |                |                        | □Remove        |
|              |                |                        | CIC            |

| It ame  | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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|         |   |
| Note:   | tive date, if other than the date of filing:  |
| he 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 ided. |
| Dated   | March 31d 2022.   |
|         | Signature of a member or authorized representative of a member  |
|         | Steven Richard Name of Signee   |

Filing Fee: \$25.00