

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L22000073937

**Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : 120230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CAMRYN GABRIELLE MAKEUP ARTIST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

AUG 9 8 PM 14:16

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING

2024 AUG -8 PM 12:31  
OFFICE OF THE CLERK  
STATE OF FLORIDA

APPROVED  
AND  
FILED

# TO ARTICLES OF ORGANIZATION OF

Camryn Gabrielle Makeup Artist 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 02/14/2022 and assigned  
Florida document number L22000073937.

This amendment is submitted to amend the following:

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

Painted In Peaches 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:

1102 Newport Rd, Macon, GA 31210

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1102 Newport Rd, Macon, GA 31210

(Mailing address MAY BE A POST OFFICE BOX)

**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

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

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Camryn Gabrielle Gauden		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1102 Newport Rd. Macon, GA 31210	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

From: ZenBusiness User

[illegible]

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