## L22 000 097 845

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

SUBJECT: B	CAUTY DY Name of Min	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Sarah R	· Baumeie	
	Beauty	by Bach Nm/Company	s
	3664 R	icky Lane	_m 75
	st.cloud	, FL 347	78 章
	Neathan E-mail address: (	City/State and Zip Code  O IVY © YOVC  to be used to butture annual report notice	00.00V PES 99
For further information of	oncerning this matter, please c	all:	
Sarah R	saumeier	at (407) 433	5.2051
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<del>-</del>	<u>Street Address:</u> Registration Sec	ction
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beautu bu B	ach
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000 097 845</u> .	were filed on O2/2H/2O22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SE 2022
(Principal office address MUST BE A STREET ADDRESS)	OC TO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7 7 7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	r. Baumeier
New Registered Office Address: S4.0	Exper Florid street address
	City , Florida Zip Code
New Penistered Agent's Signature if changing Registered Agent-	

New Registered Agent's Signature, it 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

Mana Sacria Alain Olanni Ing	^^
Mar Sarah 3664 Ricky Lan	Add
Mar Sarah 3664 Ricky Lan Baunmeier St. (101d.FL 347	7∂_ □Remove
<del></del>	☐Change
	□Add
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	ZECRETAL Remove
	Remove HARV SSECTION CO.
	PARTY GOLDEN 9: 21
	□Remove
	Change
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	🗀 Remove
	□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Museif E. Effective date, if other than the date of filing: (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Sarah Rev