## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*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 SO POSH BEAUTY BAR LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help

AUG 0.5 2022

K. Brumbley

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

So Posh Beauty Bar LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Clorida document number L22000127445	were filed on 03/14/2022 and assigned			
his 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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1854 N UNIVERSITY DR			
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION FL 33322			
Enter new mailing address, if applicable:	1854 N UNIVERSITY DR			
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION FL 33322			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register			
igent and/or the new registered office address nere.	₩ <b></b>			
Name of New Registered Agent:	1022 A			
New Registered Office Address:	Enter Florida street address			
	Florida The District Control of the			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	PA TO			
hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicole Williams	1854 N UNIVERSITY DR	<b>X</b> 'Add
		PLANTATION FL 33322	2 □Remove
			□Change
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and s block does not a	d cannot be prior meet the applica	to date of filing or multiple statutory filin	(opti ore than 90 days after g requirements, thi	filing.) Pursuant to 60:	5.0207 (3 sed as th
f the record specifies a delayed effe ecord is filed.	ctive date, but not	t an effective til	ne, at 12:01 a.m.	on the earlier of: (b	o) The 90th day afto	er the
		2022	<u></u> ·			
Dated 08/04						
Dated <u>08/04</u>			rized representative	of a member		

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