## L22000145649

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## **COVER LETTER**

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FIRST LOV	E YOURSELF BEAUTY LL	С			
	Name of Lim	ited Liability Company			
Articles of A	Amendment and fee(s) are sub	mitted for filing.			
all correspoi	ndence concerning this matter	to the following:			
	BRIANA A DEL ROSAR	IO			
	FIRST LOVE YOURSELI				
	3330 FAIRCHILD GARD				
	PALM BEACH GARDEN				
	_				
	E-mail address: (	to be used for future annual report notific	cation)		
formation ec	oncerning this matter, please co	all:			
DEL ROSAF	RIO	561 460-0636		207 SE	
Name of	Person	Area Code Daytime	Telephone Number	3 SEP CREI	ا رحی.
check for th	e following amount:			HAS HAS -8	Garage Garage
iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified	e of Status & 💬 Copy 🔠 💍 🗷	ل به و المحمد المحمد
	Articles of A all correspondence of DEL ROSAI Name of the check for the	FIRST LOVE YOURSELF BEAUTY LL  Name of Lim  Articles of Amendment and fee(s) are sub- all correspondence concerning this matter  BRIANA A DEL ROSAR  FIRST LOVE YOURSELF  3330 FAIRCHILD GARD  PALM BEACH GARDEN  F.L.Y.BEAUTYBRIANA@  E-mail address: ( offormation concerning this matter, please of the property of the pro	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  BRIANA A DEL ROSARIO    Name of Person	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  BRIANA A DEL ROSARIO  Name of Person  FIRST LOVE YOURSELF BEAUTY LLC  Firm/Company  3330 FAIRCHILD GARDENS AVE UNIT 30493  Address  PALM BEACH GARDENS, FL 33420  City/State and Zip Code  F.L.Y.BEAUTYBRIANA@GMAIL.COM  Be-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  DEL ROSARIO  Name of Person  1 561 460-0636  Area Code  Area Code  Daytime Telephone Number  check for the following amount:  iling Fee S 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Fil	Articles of Amendment and fee(s) are submitted for filling.  all correspondence concerning this matter to the following:  BRIANA A DEL ROSARIO  Name of Person  FIRST LOVE YOURSELF BEAUTY LLC  Finn/Company  3330 FAIRCHILD GARDENS AVE UNIT 30493  Address  PALM BEACH GARDENS, FL 33420  City/State and Zip Code  F.L.Y.BEAUTYBRIANA@GMAIL.COM  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  DEL ROSARIO  Name of Person  1561  Area Code  Daytime Telephone Number  Certificate of Status  Certificate of Status

TO:

Registration Section

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**

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000145649	were filed on $\frac{03/24/20}{}$	22 and assigned
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 Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200
(Principal office address MUST BE A STREET ADDRESS)		TALL MINE A
Enter new mailing address, if applicable:	3330 FAIRCHILD G	· 一种
(Mailing address MAY BE A POST OFFICE BOX)	PALM BEACH GAR	DENS, FL 33420 CT CO CT
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our record	s, enter the name of the new register
Name of New Registered Agent.		<del>-1,-</del>
New Registered Office Address:	Enter Florida str	cet address
	City	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BRIANA A DEL ROSARIO	10202 DOGWOOD AVE	■Add
		PALM BEACH GARDENS, FL 33410	□Remove
			□Change
			□Add
			SECRE Change
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n effective date is li	isted, the date mus	t be specific and ca	annot be prior to	late of filing or mo	ore than 90 days a	fter filing.) Pu		
te: If the date in cument's effectiv				e statutory ming	requirements,	uns date wii	i not oc	nsteu as
	delayed effective	e date, but not ar	i effective time	, at 12:01 a.m. o	on the earlier of:	(b) The 9	0th day a	ifter the
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Filing Fee: \$25.00