L2200167236

(Re	equestor's Name)	
(Ac	ddress)	
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	<u> </u>	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
		_
 (Bi	usiness Entity Name	
(Do	ocument Number)	
Cartified Caning	Cartificator	f Status
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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PECEIVED 2022 DEC 15 PM 12: 21

12/15/2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sub	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jessica Smothers Name of Person	
Ever Enchanted Absthetics, LLC	
M3 Villacrest Drive	
Crestvilly FL 32536 City/State and Zip Code	
E-mail address: (to be used for future annual-report notification)	
For further information concerning this matter, please call:	
Dessi at (SD) 902-8652 Name of Person at (SD) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FILED

quer Enchan	ted. LIC	2022 DEC 15 PM 12: 39
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	SECRET AT UF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on 04 07 122	and assigned
Florida document number <u>L22000167236</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Ever Enchanted +	testhetics LLC	The fall of LCV
The new name must be distinguishable and contain the words "Limited Liabili	ty Company, the designation "LLC or the	_
Enter new principal offices address, if applicable:	<u>7790 Novyh</u>	12th Avenue Ste5
(Principal office address MUST BE A STREET ADDRESS)	tensacola, Pl	, 5603
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	173 Villagres Crestulew, ti	st Drive 32536
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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
	, , , , , , , , , , , , , , , , , , ,		□ Add
		-	Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

•	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
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an effect lot <u>e:</u> If	e date, if other than the date of filing:
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 d.
ated	12/15/22
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00