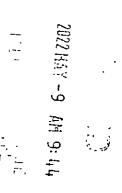
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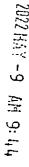
(Requestor's Name)
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of 7/5/2022

COVER LETTER

Division of Corporations	,	·	•	
SUBJECT: Open Hear	ILDS BEG Name of Limited Liab	cuty Salo	n LLC	
The enclosed Articles of Amendment and fe	ee(s) are submitted f	or tiling.		
Please return all correspondence concerning	this matter to the fo	ollowing:		
- Ar	ngela M	tame of Person		111
Open	Heave	Ins Bea	uty Solon	LLC
14961	SUL 28:	35T Ap	+206	
Homes	tead City/s	Florida State and Zip Code	33033	
Angelac	lonis-TDES ail address: (to be use	d bradure annual repor	Y notification)	
For further information concerning this mat	ter, please call:			
Angela Munoz D Name of Person	bois	at (<u>305</u>) <u>33</u> Area Code D	9-5295 aytime Telephone Number	
Enclosed is a check for the following amount	nt:			
\$25.00 Filing Fee	of Status (55.00 Filing Fee & Certified Copy additional copy is enclosed.	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py
Mailing Address:		Street Addre	<u>883:</u>	

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

Registration Section

TO:

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

0-		
OPEN Heavens Beau (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	2022 HAY - 9 AM 9: 41
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000176819</u> .	vere filed on 04/13/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil OPEN HEAVENS BEAUTY The new name must be distinguishable and contain the words "Limited Liability".	•	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	W/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/4	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our records, <u>enter the r</u>	name 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 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>	Name	Address	Type of Action
		N/A	□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□ Change

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	My bussiness name is Open Heavens Beauty Julon
	Open Heavens Beauty Salon
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_	Ihank you
effectiv t <u>e:</u> If th	late, if other than the date of filing:
cord sp filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	05/4/2022 Aula -
	Signature of a member or authorized representative of a member Angela Munoz Donis

EU E 635.00