# L22000184326

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	·
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Office Use Only



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2022 MAY 27 PM 5: 34

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### **COVER LETTER**

TO:

Tallahassee, FL 32314

FO: Registration Section Division of Corporation			
SUBJECT: CLOWN-	ed Beauty for	AS THE LLC.	
	Name of Limite	a claiminy company	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Cationa Al	Name of Person	
		Firm/Company	
	1830 N. U	MIXERSITY Dr ±	±183
	plantation	City/State and Zip Code	·
	MFO @Cationa (	SPEAKS. COM  be used for future annual report notif	ication)
For further information cond	erning this matter, please cal	t:	
Catrona All	FI DY erson	at (305) 930 - 7 Area Code Daytimo	2U37 Telephone Number
Enclosed is a check for the t	following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crowned Bear	uty for	Ashes	LLC.	<b>77</b>	~3	
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appear ability Company)	s on our records.)		1922 t	
The Articles of Organization for this Limited Liab Florida document number <u>L22000 184</u>		vere filed on	4/18/22	and assi		; ;;;;
This amendment is submitted to amend the follow	ring:			SE SE	PN 5: 34	
A. If amending name, enter the new name of t	he limited liabil	ity company he	re:	ID A	<del>ر</del>	
CALIANA ENTEYPTISE  The new name must be distinguishable and contain the wor	LLC ds "Limited Liabilit	y Company," the d	esignation "LLC" or th	ne abbreviation "L.I	C."	_
Enter new principal offices address, if applicab	ole:	N/A				
(Principal office address MUST BE A STREET	ADDRESS)				-	_
						_
Enter new mailing address, if applicable:		N/A				_
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>					_
			·			_
B. If amending the registered agent and/or regagent and/or the new registered office address		ldress on our r	ecords, <u>enter the r</u>	name of the new	<u>regist</u>	<u>terec</u>
Name of New Registered Agent:	NIA					_
New Registered Office Address:		Enter Flor	ida 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
			□ Add
			□Remove
			☐ Change
			□ Add
			□ Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Add
			Remove
		<del></del>	Change
<del></del>			□Add
			□Remove
			□Change

## Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  N/A	_
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E. Effective date, if other than the date of filing:  (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 60  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records.	5.0207 (3)(b) ated as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl b) The 90th day after the record is filed.	ies of: 1022 H
Dated May 24th  2022.  Signature of a member or authorized representative of a member	02 HAY 27 PM 5: 34
Catiana Altidor	င့်
Typed or printed name of signee	