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## COVER LETTER

TO: Registration of Division of	on Section f Corporations			
	THE BI	EAUTY CENTER LLC	Ĭ.	
SUBJECT:	Name of L	imited Liability Company	·	
The enclosed Articl	es of Amendment and fec(s) are st	ubmitted for filing.		
Please return all cor	respondence concerning this matter	er to the following:		
	SCARLETH E MONTALVAN			
	150 Di			
	#125 Mill: 04			
	Address			
	MIAMI EL 33172			
		City/State and Zip Code	77.00	
	SCARLETH215@GMAIL.COM  E-mail address: (to be used for future annual report notification)			
For further informa	tion concerning this matter, please			
SCARLE	TH E. MONTALVÁN	786 281 - 2412		
N'	ame of Person	Area Code Daytime	Telephone Number	
Enclosed is a check	for the following amount:			
□ \$25,00 Filing I	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	■ \$60,00 Filing Fee. Certificate of Statur & Certified Copy (additional copy is enclosed)	
Division P.Ö. Box	tion Section of Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations dlahassee Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	THE BEAUTY CEN	TER LUC		
(Name of the Lim	ited Liability Company as (A Flooda Lunded Liabil	it now appears on our records.) ity Company)		
The Articles of Organization for this Limited I Florida document number 1.22000190125	.iability Company wer	e filed on APRII, 21, 2022	and as	signed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u>	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LLC" or the	abbreviation "L	LC."
Inter new principal offices address, if applicable:		2232 NW 87th AVE		
Principal office address MUST BE A STRE		DORAL FL. 33172		
Enter new mailing address, if applicable:		18861 NW 78th PLACE	2001-J.3.1.2 	
Mailing address MAY BE A POST OFFICE BOX)		HIALEAH FL. 33015	ii on	
			- 11	
<ol> <li>If amending the registered agent and/or igent and/or the new registered office addr</li> </ol>		ess on our records, <u>enter the na</u>	me of the ne	<u>w registerec</u>
Name of New Registered Agent:	ALBY'S TAX ACCOUNTING LLC/ALBA MARTINEZ			<u>.</u>
New Registered Office Address:	4242 N FIDERAL	AWY SUTIF F.		
i an tragmatari contra y formati.		United Education results and decree		

## 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.

FORTH LAUDERDALE

Cin

II Changing Registered Agent, Stanature 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
MGR	MARIANA L. FRONTADO	10923 W. 32nd LANE	□Add
		ШАПЕАН FE. 33018	
	·		□Change
MGR	NORA N. GIULIANI	18861 NW 78th PLACE	
		HIALFAH FL. 33015	□Remove
			□ Change
			Remove
			□Change
			□Add
			□Remove
			[]Change
		<del></del>	□Remove
			ClChange
			□Remove
			Channe

Typed or printed name of signee