## L22000247281

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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2023 AUG 15 PM 3:27 SECRETARY OF STATE

Y. SCOTT

SFP - 9 2023

## **COVER LETTER**

•	ision of Cor			
SUBJECT:	BEAUTY F	POINT STUDIO LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Nadezda Borisova		202 SE
			Name of Person	22 7
		BEAUTY POINT STUDIO	LLC	UG 15 PM
			Firm/Company	
		1801 NW 12th st		2023 AUG 15 PM 3: 2 SERVILLAN ASSEE, FI
			Address	
		Boca Raton, FL 33486		,
			City/State and Zip Code	
		borisova725@gmail.com		
		E-mail address: (	to be used for future annual report not	tification)
For further is	nformation c	oncerning this matter, please co	ali:	
Nadezda Bo	orisova		786 5021115 at ( )	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	he following amount:		
<b>■ \$25.00</b> }	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	illing Addres		Street Address: Registration Se	ection
Di	vision of C	Corporations	Division of Co	orporations
	D. Box 632 Ilahassee, l		The Centre of 2415 N. Monro Tallahassee, Fl	oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTY POINT STUDIO LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L22000247281	were filed on <u>05/27/2022</u>	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:	
BEAUTY POINT STUDIO NB LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200
(Principal office address MUST BE A STREET ADDRESS)		700 3 TI
Enter new mailing address, if applicable:		5 PH
(Mailing address MAY BE A POST OFFICE BOX)		3: 27 3: 27 STATE E. FL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street add	tress
	1	Florida
<del></del>	Ciry	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 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
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			Remove
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