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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sensational Beauty SaloniLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHANNE DIOGENE-DESILMAR.
Sensational Beauty Salon, LLC.
3677 High Pine Drive
Coral Strings Florida 3306 5 City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  ARCHARGE  Conneducol ne Q Qmail. Com E-mail address: (to be used-for future annual report notification)
For further information concerning this matter, please call:
Johanne Diogeno-Desilmal at (973) 1034-457/11 3
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

Street Address: 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

Articles of Organization for this Limited Liability Company	were filed on $0$	5/31/20,	12	and as:	signed
ida document number <u>L. 2200025054</u> 6		<i>'</i>			
amendment is submitted to amend the following:					
f amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
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new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	ignation "LLC or th		1 2022	LC.
er new principal offices address, if applicable:	<u> </u>		A CR		
ncipal office address MUST BE A STREET ADDRESS)	<del></del>		<u> </u>	S =	54259
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er new mailing address, if applicable:			ાં! — <del>ગાઇ</del> -		
illing address MAY BE A POST OFFICE BOX)			<u>H</u>	50	
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If amending the registered agent and/or registered office	address on our re	cords, <u>enter the n</u>	ame of	the ne	W I CEIST
If amending the registered agent and/or registered office nt and/or the new registered office address here:	address on our re	cords, <u>enter the n</u>	iame of	the ne	Wichin
nt and/or the new registered office address here:	address on our re	cords, <u>enter the n</u>	ame of	the ne	T I CALL
f amending the registered agent and/or registered office nt and/or the new registered office address here:  Name of New Registered Agent:	address on our re	eords, <u>enter the n</u>	ame of	the ne	vi Tegist
nt and/or the new registered office address here:			ame of		W 10 2.35
Name of New Registered Agent:		eords, <u>enter the n</u>	ame of	<u></u>	Witches
Name of New Registered Agent:	Enter Flori				
Name of New Registered Agent:	Enter Flori City	la street address		lip Code	

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	<del></del>	Type of Action
<u> </u>	Johanne Diogene-Desilman	e 3677 High Pine Drive	_12Add
	-	Coral Springs F/ 33065	□Remove
			□Change
<u>30</u>	Gilbert S. Desilmar	3677 High Pine Drive	_ Add
		Coral Springs F1. 33060	222 Removes
3 <i>M</i> _	Pharnes Desilman	3677 High Pine Drive The Coral Springs F/ 33065	PP A ST
		Coral Strings F/ 33065	rd _ □Remove
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ffective date, if other than the date of filing:	(optional)		405.020
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requi	irements, this date wi	ill not be	listed a
locument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The S	00th day	after the
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d is filed.			
12/2/2			
Dated $08/13/2022$ ,			
12/2/2			
Dated 08/13/2022,	ember		_