622000396941

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations				
BP AESTH	IETICS & WELLNESS, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Brianne Peterson				
		Name of Person			
		Firm/Company			
	1300 STRAND ST				
		Address			
	NEPTUNE BEACH, FL 3	2266			
		City/State and Zip Code			
	rn_bri@yahoo.com	·			
	E-mail address: (to be used for future annual report notif	fication)		
For further information c	oncerning this matter, please ca	all:			
Brianne Peterson		904 238-1169			
Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 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)		
Mailing Address Registration S Division of C	Section orporations	Street Address: Registration Sec Division of Cor	porations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BP AESTHETICS & WELLNESS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000396941	were filed on 09/12/2022	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:	
BE BEAUTIFUL AESTHETICS AND WELLNESS, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		014/3/10 22 SE
(Principal office address MUST BE A STREET ADDRESS)		P 26
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		S PHIO: 06
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	э
	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 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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ective date, if other than	the date of fili	nø:			(optional)		
effective date is listed, the date is: If the date inserted in thument's effective date on the contract of the contract is effective.	e must be specific ar its block does not	nd cannot be prio meet the appli	r to date of filing cable statutory t	or more than 90 da	iys after filing.) Pui	suant to 60 not be lis	5.020 ted a
cord specifies a delayed effo s filed.	ective date, but no	ot an effective (ime, at 12:01 a	m. on the earlie	r of: (b) The 90	th day afte	er the
ed September 21	, 0	2022					
	1	\times					
	Signatura of	member or and	writed consequents	tive of a member			