

122000436193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

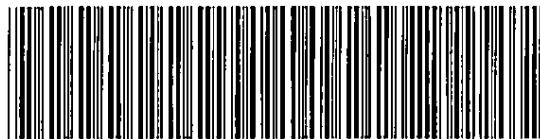
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000400896900

01/23/23--01010--021 **25.00

SEARCHED
SERIALIZED
INDEXED
FILED
1/23/23
2023
SUS
FBI - BOSTON

1-1-ED

78

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVENT & BEAUTY LLC 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:

HAITHAM YOUSEF

Name of Person

EVENT & BEAUTY LLC

Firm/Company

17307 LIVINGSTON AVE

Address

LITZ EI 33559

City/State and Zip Code

TAXACT99@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAITHAM YOUSEF 941 726-3015
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

EVENT & BEAUTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/10/2022 and assigned Florida document number L22000436193.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

100	200
300	400
500	600
700	800
900	1000
1100	1200
1300	1400
1500	1600
1700	1800
1900	2000
2100	2200
2300	2400
2500	2600
2700	2800
2900	3000
3100	3200
3300	3400
3500	3600
3700	3800
3900	4000
4100	4200
4300	4400
4500	4600
4700	4800
4900	5000
5100	5200
5300	5400
5500	5600
5700	5800
5900	6000
6100	6200
6300	6400
6500	6600
6700	6800
6900	7000
7100	7200
7300	7400
7500	7600
7700	7800
7900	8000
8100	8200
8300	8400
8500	8600
8700	8800
8900	9000
9100	9200
9300	9400
9500	9600
9700	9800
9900	10000

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100	200
300	400
500	600
700	800
900	1000
1100	1200
1300	1400
1500	1600
1700	1800
1900	2000
2100	2200
2300	2400
2500	2600
2700	2800
2900	3000
3100	3200
3300	3400
3500	3600
3700	3800
3900	4000
4100	4200
4300	4400
4500	4600
4700	4800
4900	5000
5100	5200
5300	5400
5500	5600
5700	5800
5900	6000
6100	6200
6300	6400
6500	6600
6700	6800
6900	7000
7100	7200
7300	7400
7500	7600
7700	7800
7900	8000
8100	8200
8300	8400
8500	8600
8700	8800
8900	9000
9100	9200
9300	9400
9500	9600
9700	9800
9900	10000

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOHAMMAD YOUSEF	12906 TERRACE SPRINGS DR.	<input checked="" type="checkbox"/> Add
		TEMPLE TERRACE, FL 33637	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		TAI ST 2025	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		FL	<input type="checkbox"/> Change
		FL	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 10

2023

17

6

1

2

1100

卷之三

५४

1000

Signature of a member or authorized representative of a member

HAITHAM YOUSEF

Typed or printed name of signee