

L22 000 H56 H75

(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



700399081197

01/01/2011 11:13:00 11:13:00

2011-01-01 11:13:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROWS & LIPS BY GP 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:

Gloria Phillips

Name of Person

BROWS & LIPS BY GP LLC

Firm/Company

12369 HAGEN RANCH RD #401

Address

BOYNTON BEACH, FL 33437

City/State and Zip Code

gpbrows09@gmail.com

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

For further information concerning this matter, please call:

Gloria Phillips

954 816-8283
at ()

Name of Person

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**

BROWS & LIPS BY GP 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 10/24/2022 and assigned
Florida document number 1.22000456475.

This amendment is submitted to amend the following:

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

BROWS & LIPS BY GP LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12369 HAGEN RANCH RD #401

BOYNTON BEACH, FL 33437

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12369 HAGEN RANCH RD #401

BOYNTON BEACH, FL 33437

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:

Gloria Phillips

New Registered Office Address:

12369 HAGEN RANCH RD #401

Enter Florida street address

BOYNTON BEACH

City

Florida 33437

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.

Gloria Phillips

If Changing Registered Agent, Signature of New _____ d 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	Gloria Phillips	12369 HAGEN RANCH RD #401	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FL 33437	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNY MORALES	12369 HAGEN RANCH RD #401	<input type="checkbox"/> Add
		BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" 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

441113 5-11-32

(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)

Typed or printed name of signee