L23000017072

(Requestor	s Name)
(Áddress)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing Of	ficer:
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SECRETARY OF STATE

A. RIVERS
MAY - 6 2023

COVER LETTER

	ation Sect of Corpo			
	aute'Locs I	By Michelle		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed Art	ticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Michelle Weaver		
			Name of Person	
			Firm/Company	
		11560 Purple	Wac Ciecle	
		ORlardo FC	32837	
		beautelocs by	rnichelle a quail	.com
B 6 4 16.	.•.			ification)
Michelle Weaver		ncerning this matter, please ca	407 460-2664	
- Whicher weaver			at ()	
	Name of I	'erson	Area Code Daytin	ne Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g 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)
Regist	Address: ration Se		Street Address: Registration Se Division of Co	
P.O. B	ox 6327 assee, Fl	•	The Centre of	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beaute'Locs By Michelle		
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our record nited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 1/9/2023	and assigned
Florida document number L23000017072		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ESECRETARIAN
		三元 王
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office address here:		SSE TO
		175 里 口
Name of New Registered Agent:		2: Z:
N D : 10% All		र्त्ति ७
New Registered Office Address:	Enter Florida street addre.	ss
	į trių	lowid o
	, F1	orida 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>	<u>Name</u>	Address	Type of Action
MGR	Michelle Weaver	11560 Purple Lilac Circle	■Add
		Orlando FL 32837	
			□Change
			\ _Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Add
		Change	
		🗆 Add	
			□Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u> :	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	March 3 2023
	March 3 , 2023. Michelle Weaver Signature of a member or authorized representative of a member
	Michelle Weaver Typed or printed name of signee