

L23000021311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

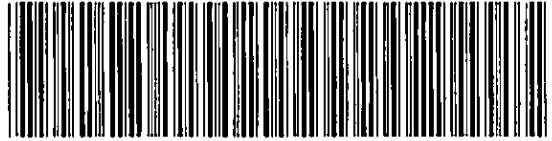
ed Copies _____ Certificates of Status _____

Local Instructions to Filing Officer:

J. HORNE

FEB 28 2023

Office Use Only



100398251111

03/01/23--01001--002 **60.00

SECRETARY OF STATE
ALLAHABAD, INDIA

2023 FEB 28 PM 4:41

RECEIVED

ALLAHABAD, INDIA

2023 FEB 28 PM 2:25

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Definitive Beauty L.L.C.
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:

Kerline D Brown
Name of Person

Firm/Company

PO Box 780818
Address

Orlando FL 32878
City/State and Zip Code

Kerline 3220000@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerline Brown at (407) 505-9010
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**

2023 FEB 26 PM 4:40
SECRETARY OF
TALLAHASSEE

Definitive Beauty L.L.C.

(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 2/28/2023 and assigned
Florida document number L23000021311.

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)

3520 Avalon Park East
Bld unit 301
Orlando FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 780815
Orlando, FL 32878

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:

3520 Avalon Park East Blvd unit 301
Enter Florida street address

Orlando, Florida 32828
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>
AMBR	Kerline D Brown	3520 Avalon Park	<input checked="" type="checkbox"/> Add
		East BLVD unit 301	<input type="checkbox"/> Remove
		Orlando FL 32828	<input type="checkbox"/> Change
AMBR	Antoine Brown	3520 Avalon Park East	<input type="checkbox"/> Add
		BLVD unit 301	<input type="checkbox"/> Remove
		Orlando FL 32828	<input checked="" type="checkbox"/> Change
		P's	<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

[illegible]

(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)

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.

Catharine Beyer
Signature of a member or authorized representative of a member

Antoine Brown
Typed or printed name of signee

Filing Fee: \$25.00