## 123000148636

(Requ	uestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only



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2024 OCT 25 AH11: 41

## **COVER LETTER**

Tallahassee, FL 32314

	Registration S Division of Co.				
cun icz		Progress LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company	<del>-</del>	iling Fee, nte of Status &
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Silvia Padilla			
			Name of Person		
			Firm/Company		
		10473 lake vista cir			-
			Address		
		Boca Raton, FL 33498	City/State and Zip Code		
		silviapadilla0305@gmail.c	•	ort notification)	
For furth	er information o	concerning this matter, please c			
Silvia Pa	adilla		95489	58014	
	Name o	of Person	at () Area Code	Daytime Telephone Number	<del></del>
Enclosed	is a check for t	he following amount:			
<b>≡</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	te of Status & Copy
	Mailing Addre		Street Addre		
	Registration Division of C		Registratio Division o	n Section  f Corporations	
	P.O. Box 632			of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

F/LED 2024 OCT 25 AHII: 41

Constant Progress LLC

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	MASSEE FLOBIS
The Articles of Organization for this Limited Liability Company Florida document number 123000148636		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Fan of Beauty LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	10473 Lake vista cir, boca raton,	ft 33498
Enter new mailing address, if applicable:	10473 LAKE VISTA CIR, BOC.	A RATON, FL 33498
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new reg
New Registered Office Address:	Enter Florida street address	
		ida

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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
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ocument's effective date on the De	partment of	State's record	is.						
record specifies a delayed effective is filed.	date, but no	t an effective	time, at 12	:01 a.m. on	the earlier	of: (b)	The 90	Ith day a	after the
Oct 13th		2024							
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Filing Fee: \$25.00