

L23000155661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

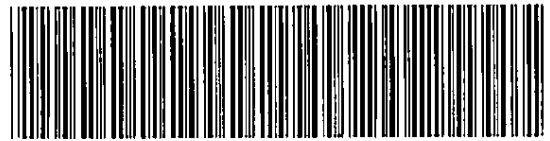
(Business Entity Name)

(Document Number)

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2023 MAY -3 PM 12:40

STATE OF TEXAS
DIVISION OF CORPORATE AFFAIRS

RECEIVED

R. HUNT

05/03/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barexsatori 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:

Shawna Burgess
Name of Person

Firm/Company

9097 Fashion Pl
Address

Lake Worth FL 33467
City/State and Zip Code

barewaxsof10@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawna Burgess
Name of Person

at (561) 234-8592
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

2023 MAY -3 PM 12:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

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

Barexsatori 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 03/28/2023 and assigned
Florida document number L23000155661.

This amendment is submitted to amend the following:

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

Bare Wax Studio L.L.C.

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)

9097 Fashion PL
Lake Worth FL
33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
AP	Krystal Sotomayor	1708 SW Cameo Blvd.	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
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DIVISION OF STATE
OFFICE OF
2023 MAY 3 PM 2:40

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

FEILEIN : 92-3351877

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STATE DEPT OF STATE
DIVISION OF COURT RECORDS
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F. 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 April 25 2023

Shawna Burgess

Signature of a member or authorized representative of a member

Shawna Burgess

Typed or printed name of signee

8/02/23

Subject: Bare Wax Studio LLC

Ref. # : L20000132907

To Whom It May Concern,

I, Shawna Burgess, have no intentions of reinstating Bare Wax Studio LLC, document number L20000132907 & release the name for use to another entity.

Please see attached/returned Articles of Amendment to Articles of organization of Barexsciteri LLC. I can be contacted at 561-234-8592.

Thank You,

Shawna Burgess

STATE OF FLORIDA
DIVISION OF CORPORATE
2023 MAY -3 PM 12:40

