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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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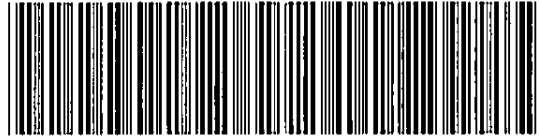
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/23--01014--014 \$*25.00

FILED

2023 APR 28 AM 10:03

CLERK OF COURT

Handwritten signature

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beautistry Lounge 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:

Kayla M Paulson Rivera

Name of Person

Beautistry Lounge LLC

Firm/Company

6629 Albemarle Parkway

Address

New Port Richey, FL 34653

City/State and Zip Code

Kaylapaulson11@yahoo.com

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

For further information concerning this matter, please call:

Edwin Rivera

Name of Person

727
at ()
Area Code

6662872

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 APR 28 AM 10:03

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

Beautistry Lounge 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 04/05/2023 and assigned
Florida document number L23000169080.

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)

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>
AMBR	Kayla M Paulson Rivera	6629 Albemarle Parkway New Port Richey Fl 34653	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2023 APR 28 10:00
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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

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

Authorized Person(s) Detail: Please add my name Kayla M Paulson Rivera to my Sunbiz filing. I missed this in my

Initial filing and was unable to open a bank account as this field did not reflect ~~my~~ as the "authorized person"

FILED
2023 APR 28 AM 10:03
TALLAHASSEE, FL

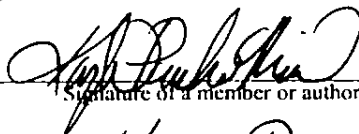
E. Effective date, if other than the date of filing: 04/04/2023 **(optional)**

(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 4/25/23



Signature of a member or authorized representative of a member

Kayla Paulson-Rivera

Typed or printed name of signee