L23000170608

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Boomedo Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	BEAUTY SALON LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ISMERAI RIVERO			
		Name of Person		
	BLESSFUL BEAUTY SA	LON LLC		
		Firm/Company		
	2446 RUE RD			
		Address		
	WEST PALM BEACH, FI	. 33415		
		City/State and Zip Code		
	ISMERAI1992@OUTLOO	K.COM to be used for future annual report not	itivation	
For further information c	oncerning this matter, please of		The state of the s	
ISMERAL RIVERO	,	561 768-1280		
		at ()	77.1	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION-OF

2023 JUL 19 AK 7: 11

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	ISMARI RIVERO ESTEVEZ	4632 FOREST HILL BLVD,	= Add
		WEST PALM BEACH, FL 33415	□Remove
			□ Change
			□Remove
			☐ Change
			🖸 Add
			□ Remove
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

(BI	ESSFUL BEAUTY SALON, INC) AS MGR
	<u> </u>
etive	date, if other than the date of filing:
effecti	date, if other than the date of filing:
ument	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
d	
cu	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	ISMERAI RIVERO ESTEVEZ