## L23000283924

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(De	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to		·
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Office Use Only



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## **COVER LETTER**

TO:

S&M BEAU	JTY BAR MULTI SERVICES	S LLC	
	Name of Lim	ited Liability Company	
Articles of	Amendment and fee(s) are sub	mitted for filing.	
all correspo	ndence concerning this matter	to the following:	
	PIERRE, YVENA Y		
		Name of Person	
	S&M BEAUTY BAR MU	LTI SERVICES LLC	
		Firm/Company	
	1550 NE 125TH TERRAC	°E. 2	
		Address	
	NORTH MIAMI, FL 3316	·I	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notification)	
formation co	oncerning this matter, please ea	all:	
'ENA Y		786 883-6327	
Name of	Person	Area Code Daytime Telephone Number	
check for th	e following amount:		
iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of \$ta Certified Copy (additional copy is enclosed)	tus &
		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
	Articles of all corresponding Address distration Sission of Co. Box 632	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter  PHERRE, YVENA Y  S&M BEAUTY BAR MU  1550 NE 125TH TERRAC  NORTH MIAMI, FL 3316  E-mail address: ( formation concerning this matter, please e.  TENA Y  Name of Person  check for the following amount: illing Fee   Certificate of Status  ling Address: (istration Section	S&M BEAUTY BAR MULTI SERVICES LLC  Name of Limited Liability Company  Articles of Amendment and feets) are submitted for filing.  all correspondence concerning this matter to the following:  PHERRE, YVENA Y  Name of Person  S&M BEAUTY BAR MULTI SERVICES LLC  Firm/Company  1550 NE 125TH TERRACE, 2  Address  NORTH MIAMI, FL 33161  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  ENA Y  Name of Person  1786  S83-6327  Name of Person  1786  Certificate of Status  Certified Copy cadditional copy is enclosed?  Certificate of Status  Certified Copy cadditional copy is enclosed?  Street Address:  Ising Address:  Ising Address:  Ising Address:  Ising Address:  Ising Fee Copporations  LBox 6327  New Cortification  Section  Division of Corporations  The Centre of Tallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&M BEAUTY BAR MULTI SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		· AURIDA
The Articles of Organization for this Limited Li	ability Company were filed on 06/12/2023	• •
Florida document number L23000283924		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C,"
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u></u>	<del></del>
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter th</u> <u>s here</u> :	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	daZip Code
	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>	Address	Type of Action
MGR	PIERRE, YVENA Y	1550 NE 125TH TERRACE 2.	<b>=</b> Add
		2	∐Remove
		NORTH MIAMI, FL 33161	□Change
		<del> </del>	∐Add
			□Remove
			☐ Change
		□Add	
			□Remove
		<del></del>	□Change
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			□Remove
			□Change

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Note:	ive date, if other than the date of filing:  ective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records
he recor	d 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 led.
Dated	06/30/2023
Dated	All I
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00