## L23000302005

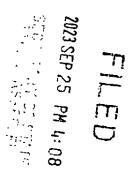
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## **COVER LETTER**

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tion Section of Corporations	
STAL BEAUTY BA	AR LLC
	Name of Limited Liability Company
cles of Amendment	and fee(s) are submitted for filing.
orrespondence cone	terning this matter to the following:
LATAN	IA M RUISE
	Name of Person
RUISE &	& ASOCIATES PA
	Firm/Company
1761 N Y	YOUNG CIRCLE STE 3, #110
	Address
HOLLY	WOOD, FL 33020
	City/State and Zip Code
infinitysp:	aandbeauty@gmail.com
ation concerning thi	E-mail address: (to be used for future annual report notification) is matter, please call:
_	<b>78</b> 6 393-7750
Name of Person	Area Code Daytime Telephone Number
k for the following :	amount;
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ficate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Street Address: Registration Section
n of Corporations	
	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	eles of Amendment orrespondence conc  LATAN  RUISE &  1761 N  HOLLY  infinitysp  nation concerning the EISE Name of Person  k for the following Fee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENTAL BEA	UTY BAR LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appe ed Liability Company	ars on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Compa	my were filed on _	06/22/2023	and assigned
Florida document number L23000302005			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company l	here:	
DENTAL BEAUTY CLINIC LLC			
The new name must be distinguishable and contain the words "Limited Li	ability 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)	<u> </u>		<b>2023</b>
			SE T
			. 50
Enter new mailing address, if applicable:			5 m
Mailing address MAY BE A POST OFFICE BOX)			
2010101		· · ·	15, 0
			<del>- ; &amp; -</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our	records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fle	orida street address	
		, Florid	
	City	- <del></del> -	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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□ Remove
			☐Change
		<del></del>	□Add
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/		Vatan Cake	
	<del></del>	Signature of a member or authorized representative of a member	
YOTAM COHEN		YOTAM COHEN	

Filing Fee: \$25.00