## 123600468944

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

Office Use Only



300417569893

11/15/23--01002--007 \*\*25.00



A. RIVERS NOV 15 2023

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	Southern CPA LLC		
		Firm/Company	
	2011 SW 20th PL Suite 10	)4	
		Address	
	Ocala, FL 34471		
		City/State and Zip Code	
		to be used for future annual report noti	fication)
for further information of	oncerning this matter, please c	all;	
Joel Brahim		352 877-3717	
Name of Person		at ()	e Telephone Number
Suntannel in a about fourt	ha Callantina annanna		
Enclosed is a check for the	•	E erroomin o	- 040 00 mm; p
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L23000488944	Company were filed on 10/25/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Marie's Mink's & Beauty Bar LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:	···· <del>·</del>	<del></del>
New Registered Office Address:	0	- VI
	Enter Florida street address -	, - င္ဘာ
	, Florida-*,	Zip Code
	City	гэр соав

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

Marie's Mink's & Beatuv Bar LLC

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
		<del>.</del>	□Add
		<del></del>	□Remove
-			□Change
	<del> </del>		□ Add
			□Remove
		<del></del>	□ Change
		<del> </del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
		·	□Remove
			Change
			□Change

<del>~~~</del>			<del></del>	
<del></del>				
				<u> </u>
<del></del>				
<del>-</del>				
			-	
	<del></del>			
	<del></del>			
<del></del>				
	<u> </u>			
ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be pr ock does not meet the app	ior to date of filing or more licable statutory filing r	(optional) e than 90 days after filing.) Pun equirements, this date will	suant to 605.020 not be listed a
record specifies a delayed effectiv I is filed.	e date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 90	th day after the
November 07	2023			
MICCI	<del></del> ,	·		
man	7 0.	$\sim$		

Filing Fee: \$25.00