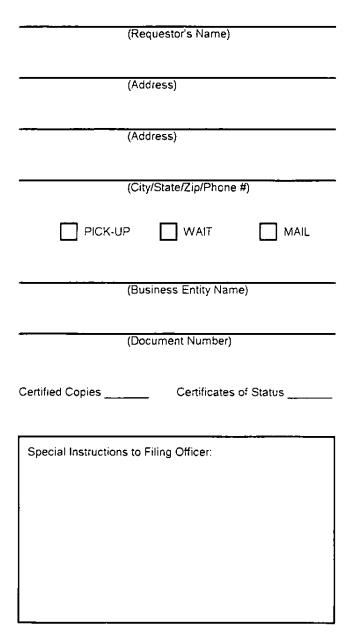
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Office Use Only





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COVER LETTER

TO:	Registration Se Division of Cor						
CHID IE	C100	uty and Beyond LLC	•				
SUBJE	Name of Limited Liability Company						
		Amendment and fee(s) are subjondence concerning this matter					
		Naci Akyildiz					
			Name of Person				
Najees Beauty and Beyond LLC							
Firm/Company							
7911 Biscayne BLVD APT A!							
			Address				
	Miami, FL 33138						
			City/State and Zip Code				
		nakyildiz@aol.com	o be used for future annual report not				
17 C			·	meation)			
For furt	her information (concerning this matter, please ca	ui:				
Naci Akyildiz			217 433-2020 at ()				
	Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclose	ed is a check for t	he following amount:					
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addre	:SS:	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Najees Beauty na d Beyond, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L24000050211	were filed on 01/26/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
"he new name must be distinguishable and contain the words "Limited Liabi	lity Common "the designation "I I C	N' as the althoughtion of I C "
,	7911 Biscayne BLVD	or the appreviation (L.L.C.
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Apt A1	£ 24
rmequi office unaress MOST DE A STREET ADDRESS	Miami, FL 33138	B
Enter new mailing address, if applicable:	6191 SW 164th Ct	28 PH
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33193	17 C V
		3
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, Fl	oridaZip 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 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	Naci Akyildiz	2340 NE 9th St Apt 308	□Add
		Fort Lauderdale, FL 33304	□Remove
MGR	Ashley Baer	873 Hancock Dr	
		Decatur, IL 62521	■Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			Remove
			□ Change

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If an effe	re date, if other than the date of filing:
docume	nt's effective date on the Department of State's records.
e 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
Dated _	February 22 2024.
	February 22. 2024. Authorized representative of a member As Ney Bare (
	G 147 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00