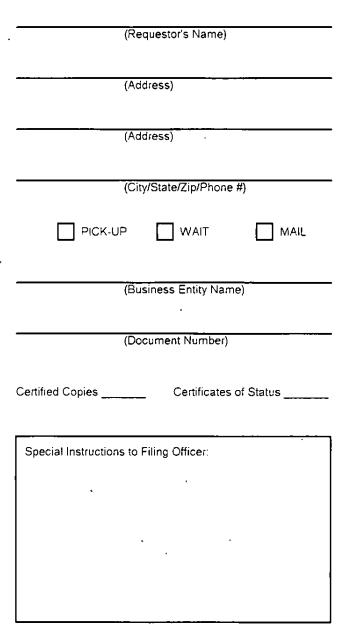
L24 0000 74980



Office Use Only





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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Beautiful Minck Adudeny, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Lashauma Morrell Name of Person |
| Firm/Company |
| 5290 Walkers Ridge Dr. |
| Jack Sanville, Fl. 39910 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person |
| Enclosed is a check for the following amount: |
| ■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address: 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

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

| | | is Limited Liability Company were filed on | 12094 and assigned | |
|---------------------------------------|---|--|---|--|
| Florida de | ocument number | 240000 74980 | , | |
| This ame | ndment is submitted to ar | nend the following: | | |
| A. If am | ending name, enter the | new name of the limited liability company here: | | |
| | · | | | |
| The new na | ome must be distinguishable an | contain the words "Limited Liability Company." the designation | "LLC" or the abbreviation "L.L.C." | |
| Enter ne | w principal offices addr | ess, if applicable: (Principal office address MUST B | EASTREET ADDRESS | |
| · | | | _ | |
| · · · · · · · · · · · · · · · · · · · | | | 2024 1.27 | |
| | | | 27 | |
| Enter nev | w mailing address, if ap | olicable: | ប់្រ | |
| | | | | |
| (Mailing | address MAY BE A POS | T OFFICE BOX) | | |
| D IC | | | ; 1 | |
| B. II ame | ending the registered ag ered agent and/or the no | ent and/or registered office address on our records. w registered office address here: | , enter the name of the new | |
| | | TOLENES OTHER AUGIESS HETE. | | |
| <u>7</u> | Name of New Registered | Agent: | | |
| | | | | |
| Ω | New Registered Office Ac | dress: Enter Florida street d | address | |
| | | | | |
| | | City | _, Florida Zip Code | |
| New Regis | tered Agent's Signature, it | changing Registered Agent: | Sp (Sub | |
| accept the being filed | s of an statutes retailive to cobligations of my posit | s registered agent and agree to act in this capacity. In the proper and complete performance of my dutien ion as registered agent as provided for in Chapter by the inthe registered office address, I hereby confirmation change. | s, and I am familiar with and | |
| If amendi added or 1 | ng Authorized Person(s) removed from our recor | If Changing Registered Agent, <u>Signal</u> authorized to manage, <u>enter the title, name, and a ds</u> : | ture of New Registered Agent Address of each person being | |
| MGR = AMBR = | Manager Authorized Member | | | |
| <u>Title</u> | | | • | |

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| | ctive date, if other than the date of filing:(optional) | |
| (3)(6) | effective 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 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records. | 605.020 list e d a |
| f the reco | ord 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 | : record |

Signature of a member or authorized representative of a member

Dated