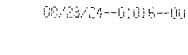
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		J. HORNE AUG < 7 2024

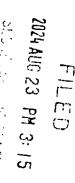
Office Use Only





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## **COVER LETTER**

. .

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

THE BEA	UTY IN LEADERSHIP LLC						
SUBJECT:  Name of Limited 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:					
	SHERRY BALLIETT						
	Name of Person						
	THE BEAUTY IN LEADERSHIP LLC						
Firm/Company			<del>-</del>				
	19367 ELSTON WAY						
Address							
	ESTERO, FL 33928						
		City/State and Zip Code					
	sherry.balliett@beautyinlea	·					
	E-mail address: (	to be used for future annual report noti	tication)				
For further information c	concerning this matter, please c	all:					
SHERRY BALLIETT		312 502-0478					
Name o	of Person	at () Area Code Daytim	e Telephone Number				
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address		Street Address:	ction				
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BEAUTY IN LEADERSHIP LLC

any were filed on 03/0	7/2024	and assigned Ph
iability company here	2:	•
iability Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
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et address on our rec	ords, enter the han	ic of the new registerer
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	Enter Florida  City  nt:	Enter Florida street address  City  out:  gree to act in this capacity. I further ag

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>	<u>Address</u>	Type of Action
AMBR	Brittney Parr	19367 ELSTON WAY ESTERO, FL 33928	≣Add
			□Remove
			□Change
<del></del>			□Add
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