

L24000114738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

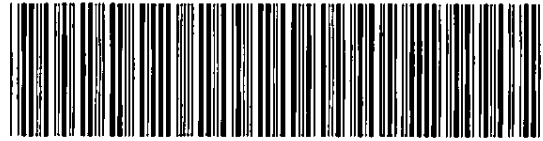
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign the last
pg.

Office Use Only



200430906512

08/04/24--01020--026 **25.00

2024 JUL 16 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

me



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2024

JOSEPH MEHTALA
16057 TAMPA PALMS BLVD W, STE 411
TAMPA, FL 33647

SUBJECT: PENSIVE BEAUTY, LLC
Ref. Number: L24000144738

We have received your document for PENSIVE BEAUTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 724A00013260

2024 JUL 16 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

JUL 16 2024

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PENSIVE BEAUTY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/25/2024 and assigned
Florida document number L24000144738.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

16057 TAMPA PALMS BLVD W, STE 411

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33647

Enter new mailing address, if applicable:

16057 TAMPA PALMS BLVD W, STE 411

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33647

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOSEPH MEHTALA

New Registered Office Address:

16057 TAMPA PALMS BLVD W, STE 411

Enter Florida street address

TAMPA

City

Florida 33647

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

FILED
2024 JUL 16 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FL

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

Title	Name	Address	Type of Action
MGR	JOSEPH MEHTALA	16057 TAMPA PALMS BLVD W, STE 411	<input type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUL 16 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FL
Add
Remove
Change

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The changes to this document should be removing all address fields of 7815 Tuscany Woods Dr

and replacing with the current address of 16057 Tampa Palms Blvd, Suite 411 in all fields

E. Effective date, if other than the date of filing: 05/17/2024 (optional)

(If an 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 605.0207(3)(b)

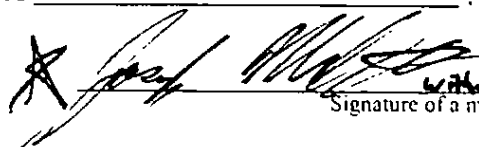
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SECRETARY OF STATE
TALLAHASSEE, FL
2024 JUL 16 PM 4:33

FILED

If the 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 record is filed.

Dated May 17th 2024

 without prejudice

Signature of a member or authorized representative of a member

JOSEPH MEHTALA without prejudice

Typed or printed name of signee