124000203367

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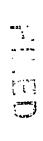
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COVER LETTER

TO: Registration Se Division of Cor			
	OWN BEAUTY COLLECTION	ON LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jerytha Timmons-Brown		
		Name of Person	
	JBBC		
		Firm/Cотралу	
		Address	
	Westlake FL 33470		
		City/State and Zip Code	
	JBBCproducts@gmail.com		
		to be used for future annual report notific	ation)
For further information of	oncerning this matter, please c	all:	
Jerytha Timmons-Brown	1	561 602-9444 at ()	_
Name o	f Person		Telephone Number
Enclosed is a check for t	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)
			O 5 3
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sect. Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810 7 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JHERY BROWN BEAUTY COLLECTION 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 05/01/2024 and assigned Florida document number L24000203367 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." 6383 10TH AVE N Enter new principal offices address, if applicable: Suite B (Principal office address MUST BE A STREET ADDRESS) GREENACRES, FL 33463 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida 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 familia with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or lethis document is

being filed to merely reflect a change in the registered office address, I hereby confirm that the liphited liability

company has been notified in writing of this change.

 $\boldsymbol{\alpha}$

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	Cyprian Z. Coley	16115 WHIPPOORWILL CIRCLE	□ Add
		WESTLAKE, FL 33470	■ Remove
			□Change
MGR	Jerytha Timmons-Brown	16115 Whippoorwill Circle	<u></u>
		Westlake, FL 333470	
			≅Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			D Change
			Remove
		<u> </u>	☐ Change

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	at be specific and cannot be prior to date of fill ock does not meet the applicable statuto		ling.) Pursuant to 605.0	
record specifies a delayed effectiv	e date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b)	The 90th day after t	the
			HALLAII	701
			1	
Pated October 1	, 2024		第 6	·
ated	Signature of a member or authorized repres	entative of a member	DZI DEC 16 AM 11: 58	: :

Filing Fee: \$25.00