# L24000264810

(Requestor's Name)
(Address)
(4.11)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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FILED 2024 DEC 19 PM 3: 36

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Beauty in a Bolle 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:
Charles A Bradle J6
Beauty in A Bottle LLC
806 NW 16th Ave # 253
Gainesville, Fla 3260/
Chyadla 347 a 19 hob. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles H. Brad H. at 352 2 (4-3086)  Name of Person Daytime Telephone Number
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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



November 22, 2024

CHARLES A. BRADLEY JR. PO BOX 5334 GAINESVILLE, FL 32627

SUBJECT: BEAUTY IN A BOTTLE, LLC

Ref. Number: L24000264810

We have received your document for BEAUTY IN A BOTTLE, LLC and your check(s) totaling \$53.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 024A00025661

Neysa Culligan Regulatory Specialist III

12/19/24

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

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Beauty in A Bot-fle 2024 PEC 10 PM 3: 36
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  IALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company were filed on June 1,2024 and assigned  Florida document number 124600264810
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  Help For HIRE All Services Solution L.L.  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:  (Principal office address MUST BE A STREET ADDRESS)  ## 253
Gainesville, Fla 32601
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  (Squines ville, Fla 3260)
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: Charles A, Bradly Jo New Registered Office Address: 806 NW 16th Ave #253
New Registered Office Address: 306 NW 164 Ave 47253  Enter Florida street address
Galnesulle Florida 3268/
Lip Cont

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

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 = A $AMBR = A$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	, , , ,		□Remove
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		Dr. A	5	
Tective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or not tee. If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.		nal) iling.) Pur	ယ္ တ	
cument's effective date on the prepartment of state's records.				
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b)	The 90	th day a	fter the
is filed.				
ned December 9th 2024				
ned 1/C - 1000 i				
Signature of a member or authorized representative	eel of a member	<u>-</u>		

Filing Fee: \$25.00