L24000334273

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K, Costello 8-27-24

COVER LETTER

TO:	Registration S Division of Co	ection rporations		
4. SUBJEC	NBD BEA	AUTY INC		
SOBJEC	<u></u>	Name of Lir	mited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matter	r to the following:	
		Andreya Ramos		
			Name of Person	
		NBD BEAUTY INC		
			Firm/Company	
		2530 Sand Lake Rd.		
			Address	
		Longwood, FL 32779		
			City/State and Zip Code	
		andreya.ramos.info@gmail E-mail address: (.com to be used for future annual report notifi	cation)
For furthe	er information c	oncerning this matter, please c		canony
Andreya		-	845 673-9545	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fec	□ \$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 Registration S		Street Address: Registration Sect	ion

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

NBD BEAUTY INC		
(<u>Name</u> of the <u>Limite</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on July 29, 2024	and assigned
Florida document number L24000334273	·	
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of	the limited liability company here:	
NBD BEAUTY LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or reg	gistered office address on our records, enter the na	ne 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	
	City	Zin 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 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
	-		□Add
			Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			□ Change
			
			□Remove
			□Change
			□Remove
			
			
			□Remove
			□Change

	a. aya i tarii oo	□Contact Info: 845-673-9545	
	Andreya Ramos	Digitally signed by Andreya Ramos	
ed	2024		5 e 24
cord specifies a delay s filed.	ed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
reflective date is listed. te: If the date inserte	than the date of filing: the date must be specific and cannot be pred in this block does not meet the appean the Department of State's record	(optional for to date of filing or more than 90 days after filing licable statutory filing requirements, this date.	\ D

Filing Fee: \$25.00