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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Belleauty LL
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:
Wendy Bellavoix Name of Person
Belleauty LLC Firm/Company
3691 SW 60 TERR Unit N Miramar FL, 33023
Mirmar FL 33023 Belleauty 23 & a mail (om) E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call: (1) ALLI ALGUERRE at 305 240 - 8354
Claudia Laureve at 35 240 - 8354 Prame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

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

ed 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 2 Horida document number 1240023 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

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.

IPChanging 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 Type of Action Title Name Address Mar Wendy Belavoix Miramar □Change HMBR Wendy Bellaws □Remove □ Change MGR Kalph Hexandre **□**Change AMBR Claudia Laquerre □ Change St. Mn. + 139 KY, Remove Elizabethtuan 42701 Ochange

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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fil ote: If the date inserted in this block does not meet the applicable statuto becoment's effective date on the Department of State's records.	ory filing requirements, this date	will not be fisted a
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	Ta.m. on the earner or. (b) The	e zom day aner me
$\frac{10/21/2024}{10/21/2024}$		
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Signature of a member or authorized repres	entative of a member	