L24000395677

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2024 OCT -3 PM 3: 32 SECKETARY OF STATE

COVER LETTER

Div	ision of Corpe	orations			
SUBJECT:	BEAUTY OF	FEDEN LLC			
SOBJECT,		Name of Limit	ted Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter t	o the following:		
		Diana Kodra			
			Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: ana Kodra Name of Person Firm/Company STAMIAMI TRAIL S Address NICE, FL 34285 City/State and Zip Code lihasa@gmail.com E-mail address: (to be used for future annual report notification) ng this matter, please call: at (
Firm/Company					
	328 TAMIAMI TRAIL S				
			Address		
		Name of Limited Liability Company Indirect and fee(s) are submitted for filing. Indirect concerning this matter to the following: Diana Kodra Name of Person Firm/Company 328 TAMIAMI TRAIL S Address VENICE, FL 34285 City/State and Zip Code andihasa@gmail.com E-mail address: (to be used for future annual report notification) rning this matter, please call: at (
			City/State and Zip Code		
			1000		
				report notification)	
For further in	nformation con	cerning this matter, please ca	11:		
Diana Kodra	i 				
		Area Code	Daytime Teleph	one Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	filing Fee	Name of Person	Certificate of Status & Certified Copy		

Mailing Address:

TO:

Registration Section

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

2024 OCT -3 PH 3: 32 SECRETARY OF STATE SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTY OF EDEN LLC				
(<u>Name of the Limited Liability (</u> (A Florida Lii	lompany as it now appears of nited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Com- Florida document number $\frac{L24000395677}{L24000395677}$.	npany were filed on09/10)/2024	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	I liability company here:	:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
	 			
Enter new mailing address, if applicable:		 -		
(Mailing address MAY BE A POST OFFICE BOX)				
	<u> </u>			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	mice address on our reco	ords, <u>enter the nam</u>	e of the new registered	
New Registered Office Address:				
	Enter Florida street address			
		Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my it as provided for in Cha	oduties, and I am f upter 605, F.S. Or, confirm that the lin	amiliar with and if this document is nited little 1001 - 3	

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>Na</u>	<u>me</u>	Address <u>T</u>	Type of Action			
MGR DI	ANA. DIANA	328 TAMIAMI TRAIL	□Add			
		VENICE, FL 34285	Remove			
MGR KC	DDRA, DIANA	328 TAMIAMI TRAIL	Add			
		VENICE, FL 34285	Remove			
			□Change			
	· · · · · · · · · · · · · · · · · · ·		□Add			
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			िकेन्द्री स्टब्स			
		IASSEE, FL				

). If amend	ing any other inform	ation, enter c	hange(s) here:	(Attach addition	al sheets, if neces	ssary.)		
								
								
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(If an effect Note: If	date, if other than the date is listed, the date in the date inserted in this large effective date on the	ust be specific and block does not a	d cannot be prior to meet the applicab	date of filing or mor le statutory filing	(optio e than 90 days after requirements, this	filing.) Pursuan	n to 605.01 be listed	207 (3 x1 as the
the record s cord is filed	pecifies a delayed effect	ive date, but no	t an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th d	ay after t	he
Dated	EPTEMBER 24		2024	··		SEC	2024 OCT	أمضا
			Lett-			ドアス	oct T	Emer. Farmer
		Signature of a	member or authoriz	zed representative o	f a member	H SX	ယ	
	DIANA KODRA						PH 3:	
			Typed or printed	name of signee		TE		

Filing Fee: \$25.00