L24000455798

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	The Beauty	Boost Jax		
SUBJEN		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Rosaris Sepulveda		
			Name of Person	
		The Beauty Boost Jax		
			Firm/Company	
		149 Village Green Ave.		
			Address	
		Jacksonville, FL 32259		
			City/State and Zip Code	
		Thebeautyboostjax@gmail.		_
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please ca	all:	
Rosaris	Sepulveda		786 4004014 at ()	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed	d is a check for th	ne 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)
	Mailing Addres	٠.	Street Address:	· · · · · · · · · · · · · · · · · · ·

Mailing 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

The Beauty Boost Jax		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability of Florida document number 1.24000455798		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 -	
(Principal office address MUST BE A STREET ADD	<u></u>	
mar and an analysis of the section beautiful and the section beautiful		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida stree	t address
		, Florida
N. D. J. J. L. L. L. Cirrature if sharping Designation	City	гар Сош
New Registered Agent's Signature, if changing Register		t C al
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my dut agent as provided for in Chapter red office address, I hereby conf	ies, and I am familiar with and 605, F.S. Or, if this document is irm that the limited liability
	ti Changing Registered Agent, <u>Sigi</u>	171 CO

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Rosaris Sepulveda	149 Village Green Ave.	≣Add
		Jacksonville, FL 32259	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add □ Remove
			D@hangeli
			E884
			□Remove

							
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and is block does not m	cannot be prior to eet the applicabl	date of filing or more e statutory filing r	(option than 90 days after fi equirements, this o	ling.) Pursu <mark>a</mark>	nt to 605,01 t be fisted	207 (l as t
e record specifies a delayed efferd is filed.	ective date, but not	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th o	lay after t	he
Dated 11/5		2024			7 F.A.	202	
Daicu						A01.12	rraj
# 1 /							*****
	Signature of a n	nember or authoriz	ed representative of	a member	6 H	င်ာ	3 1251-

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