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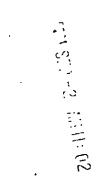
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900372154999

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COVER LETTER

TO: Registration Section
Division of Corporations

	Amendment and fee(s) are sub				
lease return all correspor	ndence concerning this matter	to the following:			
		•			
	EDMOND BENOIT				
	Name of Person				
	COMME CA DOIT FASH	ION DESIGN, BEAUTYSUPPLY	& MULTI SERV		
	Firm/Company				
	4030 TAMIAMI TRAIL, S	SUITE D			
	· · · · · · · · · · · · · · · · · · ·	Address			
	PORT CHARLOTTE, FL 33952				
		City/State and Zip Code			
	edbenoit2comeast.net				
	E-mail address: (to be used for future annual report notifi	ication)		
for further information co	oncerning this matter, please ca	atl:			
EDMOND BENOIT		941 623-6866			
Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for th	e 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMME CA DOIT FASHION DESIGN, BEAUTY SUPPLY & MULTI SERVICES (Name of the Limited 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 $\frac{02/23/2012}{1}$ and assigned Florida document number $\frac{L}{L}$ 12000026458 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEAUTY ACCENTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4030 TAMIAMI TRAIL, SUITE D Enter new principal offices address, if applicable: PORT CHARLOTTE, FL 33952 (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: EDMOND BENOIT Name of New Registered Agent: 4030 TAMIAMI TRAIL, SUITE D 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.

PORT CHARLOTTE

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
MGRM	EDMOND BENOIT	4030 TAMIAMI TRAIL, SUITE D	_ ■Add
		PORT CHARLOTTE, SUITE D PORT CARLOTTE	F _ □Remove
			_ □Change
MGR	MEDGINE M BENOIT	4030 TAMIAMI TRAIL, SUITE D PORT CHARLO	T` ■Add
		FL 33952	□Remove
			_ □Change
MBR	IMA BENOIT	4030 TAMIAMI TRAIL SUIT D PORT CHARLOT	ΓF _ ≣Add
		FL 33952	Remove
			∵. _ □Change
MBR	RENOLD SANON	4384 POMELO BLVD	_ ≘ Add
		BOYTON BEACH, FL 33436	_ DRemove
			_ □Change
MBR	STEENA M BENOIT	4030 TAMIAMI TRAIL, SUITE D	_ □Add
		PORT CHARLOTTE, FL 33952	_ ≣Remove
			_ □Change
MBR	MEGAN M BENOIT	4030 TAMIAMI TRAIL, SUITE D	_ 🗆 Add
		PORT CHARLOTTE, FL 33952	_ =Remove
			□Change

STEPHANIE SANO	N IS ALSO REMOVED	
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ctive date, if other tl	nan the date of filing:	(optional)
	date must be specific and cannot be prior to date of filing or in this block does not meet the applicable statutory fil	
	on the Department of State's repords.	
	V	
	effective date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after th
filed.	/ \	
:d		
	// CM.	
	Signature of a member of authorized representati	ive of a member
	~	