Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : M. BURR KEIM COMPANY

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOSTING OUTLETS, LLC

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Electronic Filing Menu — Corporate Filing Menu —

Help

From. M. BURR KEIM CO. Fax: (215) 977-9388

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	STATEMENT OF CORRECTION	×2	: u.	
	FOR	22	(3)17 = 100	
	FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY	SED S	***	
	int to section 605,0209, F.S., this document is being submitted to correct a previously filed document.	ı	<u> </u>	
TIDET	The name of the limited liability company is: Hosting Outlets, LLC	ា		
FIRST	The name of the limited naturity company is:	=	~ (
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SECO		رخ.	. * -	
THIR	Articles or Organization			
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME	<u>NT</u>		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:			
	The name and address of the Authorized Member is incorrect as set forth. Article IV is corrected to read as follows			
	Article IV - The name and address of each person authorized to manage and control the Limited Liability Company			
	AMBR HG Beauty Holdings LLC, 12055 SW 42nd Manor, Apt. 112, Miramar, FL 33	025	-	
	<u>OR</u>			
	Was defectively signed. The manner in which the document was defectively signed and the approprise as follows:	te corre	tion are	
			-	
			-	
	<u>OR</u>			
	The electronic transmission of the record was defective. 9/4/18			
	Signature of Authorized Representative Date		-	
	The state of the s			

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation)

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 hability company has been notified in writing of this change

Registered Agent's Signature

Filing Fee:

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\$30.00 (optional)

CR2E062 (9/15)