## 614000037492

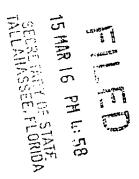
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## **COVER LETTER**

	ivision of Co		. , ,	
SUBJECT	、LC, LLC			
30B3EC1	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Lance Haas		•
			Name of Person	<del></del>
		LC, LLC.		
			Firm/Company	<u></u>
		3002 71st St. W		
			Address	
	, s-e	Lehigh Acres, FL 33	971	: 13
	See Pers	and the		• • • • • • • • • • • • • • • • • • • •
		lance@lancehaas.co	m · · ·	•. •
		E-mail address: (0	to be used for future annual report notifi	cation)
For further	information o	concerning this matter, please ca	all:	
Lance F	łaas		815 403-7057	
,	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for the	he 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
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LC, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number 4.4000037492	were filed on March 06,	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
Alluring Cosmetics, LLC		
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS)		
		7/125
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		101100 10100 10100 10100 10100 10100 10100 10100 10100 10100 10100 10100 10100 10100 10100 10100 101
		22 23
B. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		rds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street add	dress
<u></u>		Florida
	City	Zip Code

## 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Citle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	Jennifer A. Haas	3002 71st St W	Add
		Lehigh Acres, FL 33971	□ Remove
		<u> </u>	
			Remove
			Add A A A A A A A A A A A A A A A A A A
			PH 4: 58
			□ Add
			□ Remove
<del> </del>			Add
			□ Remove
<del></del>		-	Add

If amending any other information, enter cha	inge(s) here: (Attach additional s	heets, if necessary.)
ffective date, if other than the date of filing:		(optional)
ne effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more	e than 90 days after
ated March 12	2015	
Muee CHan	<del></del>	
Lance C Haas	mber or authorized representative of a m	ember
	yped or printed name of signee	7 SE 55
		MAR AHA
		16 16 16
		PM PM
		E STATE STATE

Page 3 of 3

Filing Fee: \$25.00