## 117000196971

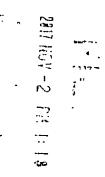
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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HOY O? 2015 J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor				
C1177.1	Eyebrow S	tudio LLC			
SORI	ECT:	Name of Lin	nited Liability Company		
The ci	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	e return all correspo	ondence concerning this matter	to the following:		
		Rubina Shrestha			
			Name of Person		<del>-</del>
			Firm/Company		_
		18281 Thatcham Ct			
			Address		_
		Land O Lakes, FL 34638			
		vavishek@hotmail.com	City/State and Zip Code		_
			to be used for future annual re	eport notification)	
For fu	rther information c	oncerning this matter, please c	all:		
Rubin	a Shrestha			1859	
	Name o	f Person	at () Area Code	Daytime Telephone Number	er
Enclos	sed is a check for th	ne following amount:			
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	Certific osed) Certified	ate of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations bx 6327 issee, FL 32314	Registratio Division o Clifton Bu	f Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eyebrow Studio LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
ne Articles of Organization for this Limited I	Liability Company were filed on $\frac{9}{2}$	0/22/2017 and assigned
orida document number 1.17000196971	,	
his amendment is submitted to amend the fol	lowing:	•••
. If amending name, enter the new name	of the limited liability company	<u>here</u> :
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	. N
Principal office address MUST BE A STRE.	ET ADDRESS)	
	<u> </u>	2
		: ', ',
nter new mailing address, if applicable:		,_ <del></del>
Mailing address MAY BE A POST OFFICE		
Hanting address SIAT BE A FOST OFFICE	<u> </u>	
. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	Avishek Vaijoo	
New Registered Office Address:	18281 Thatcham Ct	
	Enter Fi	lorida strvet address
	Land O Lakes	, Florida <sup>34638</sup>
	City	Zıp 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 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>	<u>Address</u>	Type of Action
AP	Rubina Shrestha	18281 Thatcham Ct	<b>∃</b> Add
		Land O Lakes, FL 34638	☐ Remove
			Change
MGR	Avishek Vaijoo	18281 Thatcham Ct	B Add
		Land O Lakes, FL 34638	🗆 Remove
			☐ Change
AP	Avishek Vaijoo	18281 Thatcham Ct	Add
		Land O Lakes, FL 34638	■ Remove
		·=···	Change
<u>_</u>			
			Remove
			Change
•			
			□ Ghange
			☐ Remove
			Change

·	•	
		_ <del></del> .
te: If the date inserted in this tument's effective date on the	the date of filing:  must be specific and cannot be prior to date of filing or more than 90 dais block does not meet the applicable statutory filing requirements be Department of State's records.  yed effective date, but not an effective time, at 12 record is filed.	ents, this date will not be listed a
10/30/2017 ed	12:01 am	
	Bobins	
	Signature of a member or authorized representative of a member	
	RUBINA SHRESTHA Typed or printed name of signee	
	Typed or printed name of signce	2
		<u></u>
	Page 3 of 3	· 📆

Filing Fee: \$25.00