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(Requ	uestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	BEAUTIFU	L HOME INVESTMENTS L	LC	
		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		BLANCA ZAMBRANO I	LUNA	
Name of Person				
LUNAS ACCOUNTING CORPORATION				
Firm/Company				
1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR				
			Address	
		SUNRISE FLORIDA 3333	23	
			City/State and Zip Code	
		blan.61@hotmail.com		
		E-mail address: (i	to be used for future annual report notifi	ication)
For further in	iformation co	ncerning this matter, please ca	ill:	
BLANCA Z.	AMBRANO	LUNA	786 237-5255	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTIFUL HOME INVESTMENTS LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	03/28/2016	and assig	ned
Florida document numberL16000062015				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company h	<u>еге</u> :		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the o	designation "ELC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:				5 5
(Principal office address MUST BE A STREET ADDRESS)				ECRE
				HASS
Enter new mailing address, if applicable:			<u> </u>	الم الم
(Mailing address MAY BE A POST OFFICE BOX)			္မ	<u>201</u>
			~	16 A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address or ere:	our records, <u>ente</u>	r the name of	the nev
Name of New Registered Agent:		_		
New Registered Office Address:	Enter Flo	rida street address .		
		, Florida _	and assigned SECRETARY OF STATE 18 FEB - 2 AH 3: 12 center the name of the new orida	
	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 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
MBR	XIMENA CASAS GARCIA	927 NW 97 AVENUE MIAMI FL	
			≡ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
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Effectiv	re date, if other than the date of filing:		
Note: 1	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not but seffective date on the Department of State's records.	to 605,02 be fisted	07 (.) as th
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier	of:
Dated _	anuary 18 2018		
_	Teedin		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00