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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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COVER LETTER

TO:

Registration Section
Division of Corporations

Morning Gi	lory Nails & Skin Therapy, LL	С	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Karen A. Hodges		
		Name of Person	
	Morning Glory Beauty		
		Firm/Company	
	11300 Lindbergh Blvd. Ste	103-292	
		Address	
	Fort Myers, FL 33913		
		City/State and Zip Code	
	karen@morningglorybeauty	/.com	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Karen A. Hodges		305 304 - 1107	
Name o	f Person		ne Telephone Number
Enclosed is 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)
Mailing Address Registration 9		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632 Tallahassee. I		The Centre of 2415 N. Monre	Fallahassee Se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morning Giory Nails & Skin Therapy, LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L0300007544</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Morning Glory Beauty, LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:	No change.
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	No change.
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter the name of the new regis</u>
New Registered Office Address:	Enter Florida street address
	Linei Pairita sireei atai ess
	, Florida, Zip Code
	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 a 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			Change
			🗆 Add
			□Remove
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			□Remove
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		 	□Remove
			□ Change
			🗀 Add
			□Remove
			☐ Change
			□Add
			□Remove
			∏ Changa

No additional amendments.		
		
<u></u>		
		
ective date, if other than th	e date of filing:	(optional)
n effective date is listed, the date mate: If the date inserted in this	ust be specific and cannot be prior to date of filin block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed
	Department of State's records.	,g /
	ive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
is filed.		
May 12	2020	
ted May 12		
0		
	Signature of a member or authorized represer	stative of a member
Karen A. Hodges		
	Typed or printed name of sig	nee