

LO50000013210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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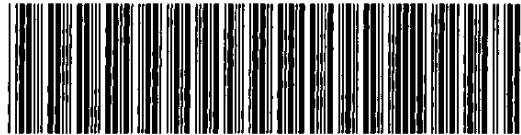
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: O.S. BEAUTY, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**LAURA SHELL**  
(Name of Person)

**HOFFMAN, LEVY, BENGIO & CO., PL**  
(Firm/Company)

**2320 HOLLYWOOD BLVD**  
(Address)

**HOLLYWOOD, FL, 33020**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**LAURA SHELL** at ( **954** ) **921-4600**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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

FILED

07 DEC 21 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

O.S. BEAUTY, LLC

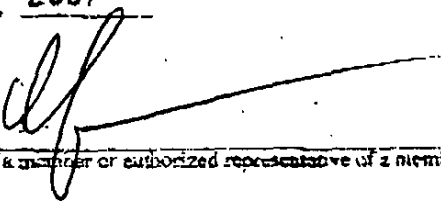
(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on FEBRUARY 8TH, 2005 and assigned  
document number L05000013210

SECOND: This amendment is submitted to amend the following:

PLEASE ADD MR. EDI EDMOND SIMHON AS A MEMBER.

Dated DECEMBER 4TH, 2007

  
Signature of a member or authorized representative of a member

OFRA SIMHON

Typed or printed name of signer

Filing Fee: \$25.00