

L05000109478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

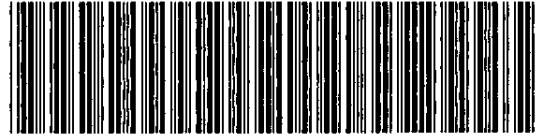
(Business Entity Name)

(Document Number)

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**FILED**  
2012 MAR 26 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**J. BRYAN**

MAR 27 2012

**EXAMINER**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beauty Marx, 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:

Suzy Couray  
Name of Person

Beauty Marx  
Firm/Company

1194 Bella Vista Way  
Address

Port Saint Lucie, FL 34952  
City/State and Zip Code

BTYMARX@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Suzy Name of Person at (772) 335-7656 Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

Beauty Max, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/14/2007 and assigned  
Florida document number LO50000109476.

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Intl. Institute of Cosmetic Enhancement, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

1981 SE Port Saint Lucie Blvd.  
Port Saint Lucie, FL 34952

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

1694 Bella Vista Way  
Port Saint Lucie, FL 34952

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Suzy Courcy

New Registered Office Address: 1694 Bella Vista Way  
*Enter Florida street address*

Port Saint Lucie, Florida 34952  
*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 608, 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Suzy Courcy	1104 Bella Vista Way <del>1021 Saint Lucie, FL</del> 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 SECRETARY'S OFFICE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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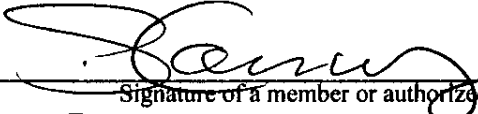
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated March 22, 2012.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Suzy Courcy  
 \_\_\_\_\_  
 Typed or printed name of signee