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SECRETARY OF STATE

C. LEWIS

JAN 1 1 2010

EXAMINER

- COVER LETTER

ĭ TO:

TO: Registration S Division of Co	Section rporations					
SUBJECT:	Beauty	Sensations, LLC				
	Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are s	ubmitted for filing.	,			
Please return all corresp	ondence concerning this matt	er to the following:				
		Theresa Bartholomew				
	v	Name of Person				
Beauty Sensations, LLC						
Firm/Company						
	861 Christina Circle					
Address						
		Oldemar El 34677				
	Oldşmar, FL. 34677 City/State and Zip Code					
		christine@kingleollc (to be used for future annual report no				
	E-mail address:	(to be used for future annual report no	lification)			
For further information	concerning this matter, please	eall:				
There	esa Bartholomew	at (_727_)	461-9515			
Name of Person			ime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations 3ox 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 2	orations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limit	Beauty Sensa ted Liability Compar (A Florida Limited L	ations, LLC by as it now appears	TALL son our records.)	AHASSEE. FLORIDA
	(A Florida Limited L	iability Company)	<u>.</u>	данге
The Articles of Organization for this Limited	Liability Company	were filed on	10/4/06	and assigned
Florida document numberL060000	97213			
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liabi	lity company here	:	
		-	•	
The new name must be distinguishable and end "L.L.C."	with the words "Limit	ed Liability Compan	ny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if app	licable:	861 Christina	Circle	
(Principal office address MUST BE A STRI		Oldsmar, FL.		
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	F ROX)			
The state of the s	12.207/27			
				· <u>-</u>
B. If amending the registered agent an	d/or registered off	ice address on ou	ur records, <u>enter t</u>	the name of the new
registered agent and/or the new registered	office address here	:		
Name of New Registered Agent:				
New Registered Office Address:			**************************************	
		Ente	r Florida street ada	lress
			, Florida	
∨	,	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.

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 ... sw Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** ☐ Add Remove ☐ Add Remove □ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Theresa Bartholomew Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00