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D. BRUCE

MAR 19 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ASAP	NEAUTY GROWN	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Monogoth	Husseln (Name of Barren)	
		(Name of Person) TY 6PW UC (Firm/Company)	
		(Firm/Company) BILO PRIJE (Address)	
		(Address) FL 34786 (City/State and Zip Code)	O9 MAR
For further information of	oncerning this matter, please c		ASSEE, FLOR
MONOGOTH (Name o	of Person)	at (<u>407)</u> 687 - 27 (Area Code & Daytime T	Celephone Number)
Enclosed is a check for th	e 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

(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 2 12 2008 and assigned and assigned the following: This amendment is submitted to amend the following:	gned
Florida document number L08000015689	gned
·	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the al	hreviation
"L.L.C."	or C Tution
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
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: Monogoth Hussan	
New Registered Office Address: Monogoth Hussen Sold Wisebing Dr (Enter Florida street address) WINKME , Florida 34786	
WINGEMAE, Florida 34786	
(City), Florida 7770 (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 Bysistered Agent, Signature of New Registered Agent)

Page 1 of 2

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> _ Add Remove Remove Add 🗂 Remove ☐ Add Remove 🗖 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February Signature of a member or authorized representative of a member Mundo HUSSEIN. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00