108000037122

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D. BRUCE

JAN 15 2010

EXAMINER

COVER LETTER

	ision of Corporations		
SUBJECT:	Shinsen, UC		
	Name of Limited Liability Company		
The enclose	d Articles of Amendment and fee(s) are submitted for filing.		
Please retur	all correspondence concerning this matter to the following:		
	Jane Koehler	-	
	Name of Person		
	M GM:5hinsen LLC Firm/Company		
	1540 56th Cart		
	Address		
	Vero Beach, Fr 32996	SECRE	10 Tr
	City/State and Zip Code	TAR	2
	E-mail address: (to be used for future annual report notification)	, 0, 13, 0, 13, 13, 13, 13, 13, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	표 대
For further	nformation concerning this matter, please call:	F S:	N D
	are Koehler at 172 170-1162	IATE DRIDA	©
	Name of Person Area Code & Daytime Telephone Number	r	
Enclosed is	a check for the following amount:		
\$25.00	Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified	ate of Statu	

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)
(A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on $\frac{4/11/08}{L08000037122}$ and assigned lorida document number $\underline{L08000037122}$.
this amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here:
Trapic World of Beauty LLC
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Principal office address MUST BE A STREET ADDRESS)
Inter 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 mam of the new egistered agent and/or the new registered office address here:
egistered agent and/or the new registered office address here.
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address:
Vero Beach, Florida 32960 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

1GR = M 1GRM =	anager Managing Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
<u></u>			Domestic.
			
			Remove
		 	
			= -
- 			
			Remove
. If ame	nding any other information	enter change(s) here: (Attach additional sheet	s, if necessary.) LCR AHE: JA
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			OF STATE
			3
 ated(January 8	<u>, 2010.</u> 1)	
	O	Frank Lack	ev
	Signatur	re of a member or authorized representative of a mer	nher

Page 2 of 2

Filing Fee: \$25.00