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EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC -5 PM 1:10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEAUTY STRONG EAGLE 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:

WANDA M. JACKSON  
(Name of Person)

BEAUTY STRONG EAGLE LLC  
(Firm/Company)

DAVIE SHOPPING CENTER  
(Address)

4631 S University Drive Davie Florida  
(City/State and Zip Code) 33328

For further information concerning this matter, please call:

WANDA M JACKSON at (954) 274-0447  
(Name of Person) (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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC -5 PM 1:10

BEAUTY STRONG EAGLE 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 10/23/2008 and assigned  
Florida document number L080000 99991

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

DAVIE Shopping Center  
4631 S University Drive  
DAVIE Florida 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

DAVIE Shopping Center  
4631 S University Drive  
DAVIE Florida 33328

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:

WANDA M. JACKSON.

New Registered Office Address:

4631 S University Drive.

(Enter Florida street address)

DAVIE

(City)

Florida

33328

(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.

Wanda M. Jackson  
(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>  |
|--------------|-----------------|---|--|
| MGR          | WANDA M JACKSON | 4631 S University Dr.<br>DAVIE Florida<br>33328 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | WILLIE JACKSON  | 4631 S University Dr.<br>DAVIE Florida<br>33328 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | WANDA M JACKSON | 4631 S University Dr.<br>DAVIE Florida<br>33328 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

x Wanda M Jackson

Signature of a member or authorized representative of a member

WANDA M JACKSON

Typed or printed name of signee