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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number))
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COVER LETTER

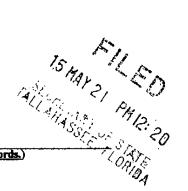
TO: Registration Section Division of Corporations
SUBJECT: Ja D now l. (ognge LL) Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Letticia Hannighan Name of Person
- JW Mail a Facial Counge LLC Firm/Company
333 Clematis Street Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Letticia Hannighan at (561) 236-8831 Name of Person at (561) Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



•	• • •	DA
he Articles of Organization for this Limited Liabil	ity Company were filed on	•
lorida document number	·	
nis amendment is submitted to amend the following	ng:	
. If amending name, <u>enter the new name of the</u>	limited liability company here:	
IN noil & Facial Lay	nge LLC	
new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable	: 331 Clamatis	s st
rincipal office address MUST BE A STREET A	DDRESS) West Palm	Beach
	4.33401	
	. 17	
ter new mailing address, if applicable:	JKW-1974	@Yahoo.com
failing address MAY BE A POST OFFICE BO	<u></u>	
. If amending the registered agent and/or in gistered agent and/or the new registered office		, enter the name of the
gistered agent and/or the new registered office	audress nere:	
Name of New Registered Agent:	Winston Wise	
	9661 Copblestone Cre	en or.
	Enter Florida street address	
	Boyn Ton Beff , Ma	rida <u>33472 </u>
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:	ng added
MGR = Manager AMRR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an cf Note:	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	5/18/15
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00