

L11000105 396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NC  
Amend

Office Use Only



500246849255

04/19/13--01019--017 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

2013 APR 19 AM 8:42

FILED

J. SAULSBERRY  
EXAMINER

APR 22 2013

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Merle Norman Cosmetics + Specialty Spa 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:

Christy Couch  
Name of Person  
Merle Norman Cosmetics  
Firm/Company  
1125 NW 14th Ave  
Address  
Chiefland FL 32626  
City/State and Zip Code  
Kittycouch@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Couch at 352-490-5333  
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

FILED  
2013 APR 19 AM 8:42  
TALLAHASSEE, FL  
CLERK OF COURT

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Merle Norman Cosmetics & Specialty Spa 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 9-14-11 and assigned

Florida document number 38-3854147 (EIN #)  
Document # L 11000105396

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Christy's Cosmetics and Specialty Spa LLC  
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)

1125 NW 19th Ave  
Chiefland FL 32626

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same

**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:

New Registered Office Address:

Enter Florida street address

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 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2013 APR 19 AM 8:02  
FILED  
CLERK OF DISTRICT COURT  
HALL COUNTY MISSOURI

Dated

4-16-13

*Christy Couch*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
*Christy Couch*  
\_\_\_\_\_  
Typed or printed name of signee