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C. LEWIS

APR 2 5 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations.
SUBJECT: Beauti East, LLC Name of Limited Liability Company
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:
Eva Le
Name of Person
Beauti East, LCC
Firm/Company
4.200 01 1 1 1 0 1- 20
4300 Cleveland Avenue, Surte C2
Address
Fort Muers FL 3390)
City/State and Zip Code
E-mail address: No be used for future annual report notification)
•
For further information concerning this matter, please call:
Evor le ar (239, 628 9363
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\sum_{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\sum_{\$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

	SECONT PM 3: 06	
pany as it now appears on d Liability Company)	OUR RECORDANT OF STATE LAHASSEE, FLORIDA	
ny were filed on <u>Apri</u>	116th, 2012 and assigned	
ability company here:		
4300 Cle	reland Avenue, Suite Ca	
Et. Myers, F	1.33901	
4300 Cheve Ft. Myers, F	land Avenue, Suite C2 -L. 33901	
office address on our r ere:	ecords, enter the name of the new	
	The state of the s	
Enter Florida street address		
City	, Florida Zip Code	
	ability company here: mited Liability Company," to 4300 Cley Ft. Myers, F coffice address on our recre: Enter Fl	

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:

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۲,	MGR = Mái MGRM = M	IGR = Mánager IGRM = Managing Member				
	<u>Title</u>	<u>Name</u>	Address	Type of Action		
				Add Remove		
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		<u> </u>		Add Remove		
				Add Remove		
Ac	ldress: 4:	ing any other information, enter change 300 Cheveland Avenue, -t. Myers, FL, 3390	e(s) here: (Attach additional sheets, if necessary Suite C2			
Ma tac	iling, 4 liness F	t. Myers, F1.33901	Suite C2	12 APR		
	Dated Ap	M	<u>2</u> .	FILED R.24 PH 3: 06 R.24 PH 3: 06		
		Eva Turotta	or authorized representative of a member or printed name of signee	> ''		

Page 2 of 2

Filing Fee: \$25.00