L13 0000 55274

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DIVISION OF COMPORATIONS

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COVER LETTER

SUBJECT:	Beautifican Name of Limite	700 ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Veronia	Name of Person	
	Beau	Hification Firm/Company	
	11944 8	SW25th Court E	31dg:39
	iambea.	ramar, FL 330, City/State and Zip Code	25 ail.com
	•	. ,	ition)
For further information con	cerning this matter, please cal	ll:	•
SUBJECT: Beautification 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: Veronica Torres			
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

MUA – addiction (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000055274</u> .	ere filed on $4/25/20$	∐@and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability Beautification 11 The new name must be distinguishable and contain the words "Limited Liability	C	obreviation "L.L.C	<u> </u>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	674 N. Università Suite #34 Pembroke Pines	y Drive 5, FC 33	<u>-</u> 224
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of	the new
Name of New Registered Agent: New Registered Office Address:	N/A-	16 NOV -	
	Enter Florida street address , Florida City	CONP	
New Registered Agent's Signature, if changing Registered Agent:		Zip Code:	

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 added or removed from our records:

MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		□ Add
			□ Remove
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Dated	<u> Octo</u>	ber 4H	<u></u>	2011	<u>e</u> .						
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Page 3 of 3

Filing Fee: \$25.00