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SECRETARY OF STATE

JAN - 2 2014

T. BROWN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Horizon Southeast, 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:

Danielle Dubin

Name of Person

Horizon Southeast, LLC d/b/a European Wax Center

Firm/Company

10214 Crosswind Road

Address

Boca Raton, FL 33498

City/State and Zip Code

Danielle.Dubin@waxcenter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Dubin

_{at} (561) 927-7216

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

ARTICLES OF	ORGANIZATION OF	13 DEC 12 ED
HOMZON SOUTH (Name of the Limited Liability Con (A Florida Limit		IS DEC 26 PH 3:45 UN records.) LED TALLAHASSIY UN records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13000069676</u> .	any were filed on May 10 EIN 46-27	2013 and assigned 5- 6862
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	A A	F
The new name must be distinguishable and end with the words "l'L.L.C."	Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/,	Δ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter El	Orida street address
	Enter Fl	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Månager MGRM = Managing Member <u>Title</u> <u>Name</u> **Type of Action Address** Judith Asselta **MGRM** 3450 South Ocean Blvd. Remove Highland Beach, FL 33487

If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
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OUT MILES III	
December 18	2013
.cu	Danielle Dup.
	Signature of a member or authorized representative of a member
Danielle Dub	oin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00