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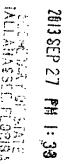
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Makeup That Lasts 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:

**LINA GARY** 

Name of Person

Make up That Lasts Permanent, LLC

Firm/Company

2906 W Swann Ave

Address

Tampa FI, 33609

City/State and Zip Code

belladonnagreg@gmail.com

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

For further information concerning this matter, please call:

**Gregory Gary** 

\_\_,813、410-7935

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 OF

MAKE UP T	hat Last	'S PERMANEN	YT, LLC	_
(Name of the Limite)	d Liability Compa A Florida Limited	iny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited I	Liability Company	y were filed on 5.1	7.2013 and	assigned
Florida document number <u>L13000072</u>	.644			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lial	bility company here:		
MAKEUP THAT LASTS LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the		
Enter new principal offices address, if appli	cable:	SAME	- XE	
(Principal office address MUST BE A STREET ADDRESS			10条 2	J !
				9 ; []
Enter new mailing address, if applicable:				 သ မာ
(Mailing address MAY BE A POST OFFICE	E BOX)	SAME		
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the nam	e of the nev
Name of New Registered Agent:	SAME			
New Registered Office Address:				
		Enter Flor	ida street address	
	-		_, Florida	
		Citv	Zip C	ode

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

<u>tle</u>	<u>Name</u>	Address	, Type of Action
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Sant	00 2012
Sept	24, 2013
	Stractory
	Signature of a member or authorized representative of a member
	LINA GARY
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00