

213000091610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

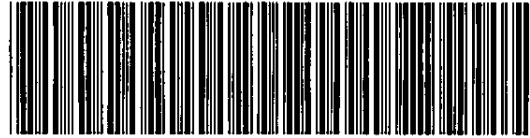
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1001 JAN 21 2014

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Air Brush Beauty Services 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:

Catherine Fox
Name of Person

Airbrush Beauty Services LLC.
Firm/Company

10303 Indian Creek Dr. #1011
Address

Miami Beach, FL 33141
City/State and Zip Code

Castfox@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Fox at (305) 301-8852
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Airbrush Beauty Services 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 June 26, 2013 and assigned
Florida document number L13000091610.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" the abbreviation

* Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

60363 Indian Creek Dr. #6011
Miami Beach, FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

60363 Indian Creek Dr. #6011
Miami Beach, FL 33141

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:

Catherine Fox

• New Registered Office Address:

60363 Indian Creek Dr. #6011

Enter Florida street address

Miami Beach

City

Florida

33141

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 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.

Catherine Fox

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR or
MGRM

Amanda L. Frank

1965 South Ocean Dr.

Add

16R

Remove

Hallandale Beach FL

33009

Add

Remove

Add

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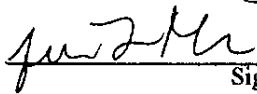
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

• Dated 1/16/14 January 6, 2014



Signature of a member or authorized representative of a member

Amanda L. Frank

Typed or printed name of signee

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Filing Fee: \$25.00

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