113000109908

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Beauty Reigns LLC Name Amendment 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:
Sylvia M. Badie Name of Person
· Name of Ferson
Firm/Company
545 Hillriew Drive
Altamonte Springs FC 32714 City/State and Zip Code
E-mail address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
Sylvia M. Badie Name of Person at (4v7) 619-4936 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$certificate of Status & \$\Bigcup \\$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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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**

Beauty Reigns L (Name of the Omitted Liability Company (A Florida Limited Lia	Es it now appears on on bility Company)	ır records,)	·····
The Articles of Organization for this Limited Liability Company w Florida document number <u>L13000109908</u> .	ere filed onOB	<u>/05/2013</u> :	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability Career Confident Enter The new name must be distinguishable and contain the words "Limited Liability"	rorises U	on "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			6 r AR 3
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our	records, enter the	name of the new
Name of New Registered Agent:		1.	
New Registered Office Address:	Enter Florida stree		
	City	, Florida Zij	Code
New Registered Agent's Signature, if changing Registered Agent:			
	_		

N

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 = 1 $AMBR = 1$	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			Remove
			□ Remove
			Change Add
			Remove
			☐ Change
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Beauty Reigns UC to Career	Confident Enterpris
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	64: 7:30
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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or r. If the date inserted in this block does not meet the applicable statutory filinent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective 90th day after the record is filed.	time, at 12:01 a.m. on the ear
March 28, 2016.	
Sylvia M. Badie Signature of a member or authorized representative	

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Filing Fee: \$25.00