(Re	questor's Name)	
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

CHD IECT	Beaute Nat	turelle Beauty Supply, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Simona K Mathews		
			Name of Person	
		- · · · · · · · · · · · · · · · · · · ·	Firm/Company	
		10910 Dunscore Cottage \	Vay	
			Address	
		Wimauma, FL 33598		
			City/State and Zip Code	
Division of Corporations Beaute Naturelle Beauty Supply, LLC				
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please co	all:	
Simona K			at ()	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed i	s a check for the	he following amount:		
\$25.00) Filing Fee			□ \$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**

Beaute Naturelle Beauty Supply, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L13000126153	ere filed on September 6, 2013	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
Limitless Business Solutions, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	. ^	
(Principal office address MUST BE A STREET ADDRESS)	~/h	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	H/A	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the	nature of the new
Name of New Registered Agent:	70	ē 📑
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Beginsend Amends Circus at 16 h	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 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 = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Remove
			☐ Change
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Effective date, if other than the d	late of filing:	(optional) or more than 90 days after filing.) Pursuant to 60	£ 030
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory fi	iling requirements, this date will not be list	ted a
document's effective date on the Dep	partment of State's records.		
he record specifies a delayed	effective date, but not an effective	e time, at 12:01 a.m. on the earli	er o
The 90th day after the reco	rd is filed.		
	2016		
Dated	2010		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00