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MAY 1 6 2017 S. YOUNG SECRETARY OF STATE ALLAHASSES FLORIDA

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	Overfail Event Name of Lim	Manua Mut-	LLC	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	Tw.	
Please return all correspon	dence concerning this matter	to the following:		
	Nancy	Watson Name of Person		
		Firm/Company		
	201 Kensing	for Cr.		
	Panama ah	Address  Address  Beach FL 32  City/State and Zip Code	<u>43</u>	SECTIALL
		O ath net to be used for future annual report notifi		ECRETARY LLANASS
For further information co	neeming this matter, please ea	all:		2 3
Naucy W	Latson Person	at (\$50) 819-/ Area Code Daytime	850 Telephone Number	PH 3: 54
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate 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

Dovetail Event W. (Name of the Limited Liability Compa (A Florida Limited)	lanagement Le	<u>'C</u>
(Name of the Limited Liability Compa (A Florida Limited	my as it flow appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number $L13000/31764$ .	were filed on <u>Sept 1</u>	8, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Naisse Aesthetic	5. LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity/Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
		78
	11.	MAY
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		P. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
		FLO FLO
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our re	T1 L.
	,	
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street	GRALITESS
	City	_, FloridaZip Code
N D	- <i>-y</i>	<del></del>

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 **Type of Action** Name | <u>Address</u> <u>Title</u> □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remov Change Un Remove ☐ Change □ Add □ Remove \_ Change 

☐ Remove

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fective date, if other than the date of the date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Depar	pecific and cannot be prior to di loes not meet the applicable	te of filing or more than 90 days	( <b>optional)</b> after filing.) Pursuant to 605.0 a, this date will not be listed	207 as
record specifies a delayed ef The 90th day after the record	is filed.			of
	2017			
ted May 5  Sign	nu Il/ala	$\sim$		

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Filing Fee: \$25.00