L17000177451

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COVER LETTER

TO: Registration So Division of Cor			
Lavish Rou	ige LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Krystal Taylor		
		Name of Person	
	Lavish Rouge LLC		
	· · · · · ·	Firm/Company	
	600 NW 6th Street #1014		
		Address	
	Miami, FL 33136		
		City/State and Zip Code	## ****
	exoticana85@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Krystal Taylor		786 294-3569	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Lavish Rouge LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000137451</u>	were filed on September 30, 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:
Look Premier LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	600 NW 6th Street #1014
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33136
Enter new mailing address, if applicable:	600 NW 6th Street #1014
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33136
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	City Florida Cn

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>	Address	Type of Action
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Effective date, if other (If an effective date is listed, the	than the date of t	6/19/2015		(opt	tional) SE S	_
(If an effective date is listed, the	ne date must be specif	ic and cannot be prior	r to date of filing or	more than 90 days aft	er filing Pursuant to 6	05.020
Note: If the date inserted document's effective date				ing requirements, th	nis date will not be li	sted a
document 3 criconive date	on the population	, or state a records	•			
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_ 6/19/2015		4:00 p.m.				
Dated		,				
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		y				
	Signature	of a member or auth	orized representati	ve of a member		

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Filing Fee: \$25.00