14000050124

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

TO: Registration So Division of Co					
SUBJECT: Ooh	La Lash				
SUBSECT.	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	Jenny Leon				
		Name of Person			
		Firm/Company			
	101 E Palme	• •	÷	\$1.5 ≥	
		Address		2014 LAY SEGNETA	smoje,
	Boca Raton	FL 33432		到 2	,extent
		City/State and Zip Code		왕주 🗪	(A.)
	Irbcpa@gmail.co	be used for future annual report notification	tion)		į i'
For further information c	oncerning this matter, please co	·	(10tt)	STATE STATE	ەبىما (
Jenny Leor	1	ar (305) 747 -	3866	7	
Name o	f Person		elephone Number		
Enclosed is a check for the	ne 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 Sta Certified Copy (additional copy is e	atus &	

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

Ooh La Lash		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000050124	were filed on March 26, 2014	and assigned
This amendment is submitted to amend the following:		
rms amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Winks by Lash LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	101 E Palmetto Park Road	·
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432	
		ARC 3
Enter new mailing address, if applicable:	101 E Palmetto Park Road	ARY O
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton FL 33432	10 C 3€ (1
		22 · ·
		——————————————————————————————————————
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I further agre	e to comply with the

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
	-		Add
			☐ Remove
			2014 BAY 29
			CONT.
			□ Remove
			Add
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			enter change(s)		· · · · · · · · · · · · · · · · · · ·	
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		than the date of sectific, cannot be pried by the Florida De	of filing:	t or filed date and ca	annot be more than	_ (optional) 90 days after
				or filed date and ca	unnot be more than	_ (optional) 90 days after
the date this		ed by the Florida De		14 Elso		

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Filing Fee: \$25.00