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A STATE JUN 1 7 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FOREIGN Hail Beauty Par LLC Name of Limited Liability Company	
Name Change —	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
authica Necale Robinson	
Firm/Company Bourty Bow LL	C
3314 Ellington Court	
FORT LUCITY/State and Zip Code	
E-mail address: (to be used for future annual report-notification)	
For further information concerning this matter, please call:	
Name of Person at (284) 910 - 2757 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee	
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

Foreign Hail Beaut	y BOIR	
(Name of the Limited Liability Compar (A Florida Limited L	ix As it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L L COOOSU 5HL	were filed on 05 127 14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and end with the words "Limited Liabil."	2 40	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	VIXEN Bacus	ty Balle
(Principal office address MUST BE A STREET ADDRESS)	2200 FOULER	25T
	FORT Myels F	<u> 33901</u>
Enter new mailing address, if applicable:	Viken Be	anter Bal We
(Mailing address MAY BE A POST OFFICE BOX)	-20107 FOWLER	5
3314 Ellington Coult	FORT MYPRES EC	23901
HOLT MYCRS FLURI DA 35116 B. If amending the registered agent and/or registered off	Taa address on our regords onton	the name of the name
registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		Control on the control of the contro
New Registered Office Address:		
	Enter Florida street address	The second secon
	, Florida	ু ত
	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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Plean List as Follows: Vixen Beauty BAR 1	لر
Physical address: 22007 Fowler ST FORT MYPREFL	_
mailing add: 3314 Ellington Court Fort myres FL 3	3
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated Olo 3 14 1 . 2014.	
Signature of a member of authorized representative of a member	
AFRICA NOCOLL KON TEAM	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00