114000169708

(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Registration Se Division of Cor			
Sexy Beaut	iful Me, LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	indence concerning this matter		
	Morayma Ortiz		
		Name of Person	
	Negroni Studio, LLC		
		Firm/Company	
	159 Cypress View Ln		
		Address	· · · · · · · · · · · · · · · · · · ·
	Groveland, FL 34736		
		City/State and Zip Code	
	info@negronistudio.com	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca		,
Morayma Ortiz		407 701-9678 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sexy Beautiful Me, LLC		
(Name of the Limited	i Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Lia		/2014 and assigned
Florida document number L14000169708	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here	;
Negroni Studio Boudoir, LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	eox)	
Mannig and ess 14/11 1/12 / 1 (051 01 1 1 00 2	<u></u>	
3. If amending the registered agent and/o	r registered office address on o	our records enter the name of the
registered agent and/or the new registered off		ener the name of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Fluid age.	Enter Florida	a 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 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

Page 1 of 3

. 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>Address</u> Type of Action Title <u>Name</u> _D Add □ Remove ☐ Change _□ Add □ Remove ☐ Change DbA □ _□ Remove _ Change _□ Remove _ Change □ Add _□ Remove □ Change __ Add S Remove 72 Change

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an effecti lote: If t	date, if other than the date is listed, the date in this date inserted in this 's effective date on the	nust be specific and co block does not me	annot be prior to date on the earth applicable states	of filing or more than 90	days after filing.)	Pursuant to	605.0207 listed as
	d specifies a delay Oth day after the re		te, but not an e	ffective time, at	12:01 a.m. o	n the ea	arlier of
The 90	igust 15	Mix	2017				
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The 90	igust 15 Morayma Ortiz	Signature of a me	2	presentative of a memb	et .	<u> </u>	17 AUG 1
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Filing Fee: \$25.00