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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporation	18				
SUBJECT: ADVAN	TAGE Ber	DITY IN ST;	TITE IC.		
L-2.40	001400	P87			
The enclosed Articles of Amenda	nent and fee(s) are submi	itted for filing.			
Please return all correspondence of	concerning this matter to	the following:			
	Mgiel	MIRARY Name of Person			
_6	DUPITA	Firm/Company	STITUTE 11C.		
8	951Bor	Address BEAC	H Rd SE		
#_	555, Bo	City/State and Zip Code	P1.34135		
# 555, BoniTA Palags, Pl. 34135 City/State and Zip Code HMIRABAIC Global legal MIAMI. WM E-mail address: (to be used for future annual report notification)					
For further information concerning	g this matter, please call	:	·		
Miguel Minz Name of Person	ABP)	at Area Code Daytime T	1010. Telephone Number		
Enclosed is a check for the following amount:					
-	0.00 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

The Articles of Organization for this Limited Liability Company were filed on 17/12/2014 and assigned Floride document number 47-3867064. This argendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Unter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Florida _

if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager

AMBP = Authorized Member

Address Type of Action Name AMBP HEMBER LIDIAURAN 10 332 Windy 160 0 Add MANYEN TERR, BONTIA Springs & Remove F(. 3413 \(\)_____ \(\) Change MenBer | MIABERTY 8951 BONITABERUN Kd. MADD

MARRIED SE#SSI BONITA SPRING REMOVE

LIABILITY COMMY.

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. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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MEMBER/MOROJEN LIDIA UNIN	
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Lefrective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0201 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed.	
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Page 3 of 3

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Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company
ADVANTAGE BEAUTY INSTITUTE, LLC

Filing Information

Document Number

L14000190087

FEI/EIN Number

47-3867064

Date Filed

12/12/2014

State

FL

Status

ACTIVE

Last Event

LC AMENDMENT

Event Date Flied

03/08/2016

Event Effective Data

......

NONE

Principal Address

8951 BONITA BEACH RD SE

SUITE 555

BONITA SPRINGS, FL 34135

Changed: 11/23/2015

Nailing Address

8951 BONITA BEACH RD SE

SUITE 555

BONITA SPRINGS, FL 34135

Changed: 11/23/2015

Registered Agent Name & Address

GLOBAL LEGAL

2655 LE JEUNE ROAD

SUITE 410

CORAL GABLES, FL 33134

Address Changed: 04/04/2018

Authorized Person(s) Detail

Name & Address

Tille Member Manager

MIRABAL-SENRA, MIGUEL F 2655 Le Jeune Road, Suite 410 SUITE 410

Coral Gables, FL 33134

Annual Reports

Report Year	Filed Date
2016	03/08/2016
2017	- 04/28/2017
2018	04/04/2018

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04/04/2018 ANNUAL REPORT	View image in PDF format
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Detail by Entity Name

Florida Limited Liability Company MIA BEAUTY SCHOOLS, LLC

Filing Information

Document Number

L18000086806

FEI/EIN Number

NONE

Date Filed

04/05/2018

Effective Date

04/05/2018

State

FL

Status

ACTIVE

Principal Address

650 NE 32 STREET

UNIT 3103

MIAMI, FL 33137

Mailing Address

650 NE 32 STREET

UNIT 3103

MIAMI, FL 33137

Registered Agent Name & Address

ROBERT IBARRA, P.A.

8441 DUNDEE TERRACE

MIAMI LAKES, FL 33016

Authorized Person(s) Detail

Name & Address

Title AMBR

J COBB INVESTMENTS, LLC 801 BRICKELL KEY, 1811 MIAMI, FL 33131

Annual Reports

No Annual Reports Filed

Document Images

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Detail by Entity Name

Florida Limited Liability Company
GLOBAL EDUCATIONAL SERVICES LLC

Filing Information

Document Number

L18000077527

FEI/EIN Number

NONE

Cate Filed

03/26/2018

Effective Date

03/19/2018

State

FL

Status

ACTIVE

Principal Address

2655 LEJEUNE ROAD

SUITE 410

CORAL GABLES, FL 33134

Mailing Address

2655 LEJEUNE ROAD

SUITE 410

CORAL GABLES, FL 33134

Registered Agent Name & Address

GLOBAL LEGAL

2655 LEJEUNE ROAD

SUITE 410

CORAL GABLES, FL 33134

Enthorized Person(s) Detail

Name & Address

Title MGR

MIRABAL, MIGUEL. 2655 LEJEUNE ROAD SUITE 410 CORAL GABLES, FL 33134

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