

214000193144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

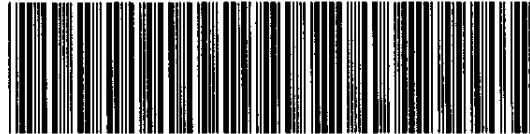
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TAMM HALL
MONTGOMERY, ALABAMA

FEB 10 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIGHT BEAUTY, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YEDIDYA HOVAV

Name of Person

LIGHT BEAUTY, LLC.

Firm/Company

72 ST. GEORGE STREET

Address

SAINT AUGUSTINE, FL 32084

City/State and Zip Code

LIGHTBEAUTYLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YEDIDYA HOVAV

Name of Person

415

at (Area Code)

988-2655

Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE FL 32301
CLERK OF STATE

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	DAVID HOVAV	350 TURK STREET APT 506	<input type="checkbox"/> Add
		SAN FRANCISCO, CA 94102	<input checked="" type="checkbox"/> Remove
MEMB	SHIMSHON HOVAV	350 TURK STREET APT 506	<input type="checkbox"/> Add
		SAN FRANCISCO, CA 94102	<input checked="" type="checkbox"/> Remove
MEMB	YOSEF MENAGEN	350 TURK STREET APT 506	<input type="checkbox"/> Add
		SAN FRANCISCO, CA 94102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
ALABAMA
MONTGOMERY

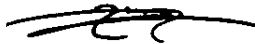
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

YEDIDYA HOVAV - TITLE CHANGE TO PRESIDENT

E. Effective date, if other than the date of filing: _____ (optional)

(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 January 22, 2015



Signature of a member or authorized representative of a member

YEDIDYA HOVAV

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA