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COVER LETTER

TO: Registration Sect Division of Corp					
LIGHT BE	EAUTY, LLC.				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return all correspond	dence concerning this matter t	o the following:			
	YEDIDYA HOVAV				
		Name of Person			
	LIGHT BEAUTY, LLC	C .			
		Firm/Company			
	72 ST. GEORGE STREET				
		Address			
	SAINT AUGUSTINE	, FL 32084			
	·	City/State and Zip Code			
	LIGHTBEAUTYLLC@	-			
	E-mail address: (t	o be used for future annual report notific	cation)	26	
For further information con	ncerning this matter, please ca	H:		2016 F	Ti t
YEDIDYA HOVAV		415 988-2655		## EB	EMP - 15
Name of	Person	Area Code Daytime	Telephone Number	2 PH I	S THE STATE OF THE
Enclosed is a check for the	following amount:				P. Inst.
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

LIGHT BEAUTY, LLC.				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liab Florida document number L14000193144 This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to a	oility Company v	were filed on December 19,2014 and assigned		
The new name must be distinguishable and end with the wo	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		YEDIDYA HOVAV		
(Principal office address MUST BE A STREET ADDRESS)		72 ST. GEORGE STREET		
		SAINT AUGUSTINE, FL 32084		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		YEDIDYA HOVAV 72 ST. GEORGE STREET SAINT AUGUSTINE, FL 32084 office address on our records, enter the name of the new re:		
Name of New Registered Agent:	YEDIDYA H	AVOV		
New Registered Office Address: 72 ST. GEC		RGE STREET		
	Enter Florida street address			
	SAINT AUG			
New Registered Agent's Signature, if changing Re	gistered Agent:	The code men in the code men i		
provisions of all statutes relative to the proper accept the obligations of my position as registe	and complete ered agent as p gistered office hange.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability ging Registered Agent, Signature of New Registered Agent		

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	DAVID HOVAV	350 TURK STREET APT 506	
		SAN FRANCISCO, CA 94102	Remove
MEMB	SHIMSHON HOVAV	350 TURK STREET APT 506	
		SAN FRANCISCO, CA 94102	■ Remove
MEMB	YOSEF MENAGEN	350 TURK STREET APT 506	□ Add
		SAN FRANCISCO, CA 94102	■ Remove
			Remove
			HASSE DIAME
			Remove
			□ Remove

D.	If amending	any other informat	tion, enter change(s) here: (Attac	ch additional sheets, if necessary.)
•	YEDIDYA HOVAV - TITLE CHANGE TO PRESIDENT			
E. [date of filing:	(optional) nd cannot be more than 90 days after
	Dated Janua	ary 22	2015	
			27	_
	•		Signature of a member or authorized repr	esentative of a member
	YI	EDIDYA HOVAV	•	
			Typed or printed name o	f signee

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Filing Fee: \$25.00

2015 FEB -2 PM |:41