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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Name)
(De	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
,		

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D. SCOTT NOV 2 3 2016

COVER LETTER

TO:

Registration Section

Division of Cor	porations	
SUBJECT:	AVLISTY Name of gm	of Mako-up LLC ited Liability Company
	Amendment and fee(s) are sub-	
Please return all correspo	ondence concerning this matter	to the following:
	Janelle	D. Outlaw Name of Person
		Firm/Company
	1108 34	th St N Address
	Saint R	etersburg FL 33713 City/State and Zip Edge
	the curtistry E-mail address	to Fmale up booking & Gmail. Com to be used for future annual report notification
For further information of	concerning this matter, please ca	all:
Name o	OUHAU) of Person	at (727) 342-9016 ZEF Z T Area Code Daytime Telephone Number 2017
Enclosed is a check for the	he following amount:	P. P
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee ☐ Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIER ADDRESS:
	ration Section	Registration Section
	on of Corporations ox 6327	Division of Corporations Clifton Building
Tallah	assee, FL 32314	2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he Artistry of Maheup LLC

(Name of the Limited (A	Florida Limited Liability Company	y)	
The Articles of Organization for this Limited Liab	oility Company were filed on _	2/23/2015	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company	here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," th	e designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		on our records, enter	the mane of the new
-			图号 里口。
New Registered Office Address:	Enter F	lorida street address	TORN TO
		, Florida	5H 6
	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

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

Type of Action Title <u>Name</u> **Address** □ Add Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change _□ Add □ Remove □ Add ☐ Remove ☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ALCO N
Note:	fective date, if other than the date of filing: 0/5/20\6 (optional) (optional
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	October 28th, 2016.
	Signifiure of a member or authorized representative of a member
	Signification of a memorial representative of a memorial

Page 3 of 3

Filing Fee: \$25.00