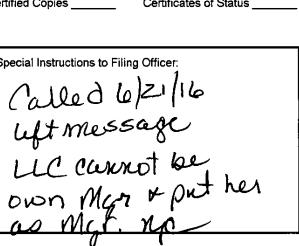
45000042164

(Req	questor's Name)	
(Add	lress)	
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(City	//State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
, (Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	es of Status
Special Instructions to F	Filing Officer:	



Office Use Only



400286042504 L15-42164 Amend/NC

400286042504 05/23/16--01012--014 **25.00



JUN 21 2016 N. CAUSSEAUX

TO: Registration Section Division of Corporations SUBJECT: VICES PERMANENT MAKEUP, L. 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:

Name of Person

Name of Person

Person

Firm/Company

Address

THE VILLE TO BUT TO CODE

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at Area Code 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2016

CINDY FONDA-CIMINERO PERMANENT MAKEUP BY CINDY LLC 3465 WEDGEWOOD LANE THE VILLAGES, FL 32162

SUBJECT: VILLAGES PERMANENT MAKEUP, LLC

Ref. Number: L15000042164

We have received your document for VILLAGES PERMANENT MAKEUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to send and complete Page 2 of the application. On page 2, you need to check the box "CHANGE" and put your new name/address. On Page 1you need to put your new name as the registered agent/address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 216A00011404

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ... OF

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on Liability Company)	MAKEUP, LLC
The Articles of Organization for this Limited Liability Company Florida document number US 00043 144	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial Company of the limited lial The new name must be distinguishable and contain the words "Limited Liab	By Cini	ation 'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		20 PH 37
(Mailing address MAY BE A POST OFFICE BOX)	**************************************	ORDE 6
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		Onda Ciminero
	City	, Florida

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 = AMBR =	Manager — Authorized Member	7	
<u>Title</u>	Name .	Address	Type of Action
MOR	Cindy Fonda Ciminero	THE WEAGE WOOD LAME	□ Add
	· , • · · · · · · · · · · · · · · · · ·	. 1	Remove
			Denange
			Remove
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			_□ Remove
			Change

D. If amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
T.	more to my name
	
	
 -	
	
(If an effective <u>Note:</u> If th	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated	NOS. E PHILLE
-	Signature of a member or authorized representative of a member
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00