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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Beautiful Clothing Company 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:
Allison Labazzetta Name of Person
The Beautiful Clothing Company
3345 SE 56th AVE.
Ocala, FL 34480
City/State and Zip Code The beautiful clothing company @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 Beautifi	al Clothing Company LLC
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L15000668</u>	
This amendment is submitted to amend the following	ıg:
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	: <u>TAS 15</u>
(Principal office address MUST BE A STREET AI	DDRESS) SR E TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	TARY OF STATE OF THE ORIGINAL
	DA DE
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	Allism Labazzetta
New Registered Office Address:	3345 SE 56th Ave Enter Florida street address
	Ocala , Florida 34480
	City Zip Code
New Registered Agent's Signature, if changing Registered	tered 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	ıthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Victor Hugo Jara	3345 SE 56th AVE Ocala , FL 34480	
		Ocala 1FL 34480	☐ Remove
			☐ Change
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