

**L15000204358**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : ARM CONSULTING  
Account Number : I20140000045  
Phone : (786)286-5344  
Fax Number : (954) 302.1588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

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2015 AUG 24  
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15 AUG 24 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**KARICARE BEAUTY INSTITUTE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

KARICARE BEAUTY INSTITUTE 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 Liability Company were filed on 06/08/2015 and assigned  
Florida document number L15000099424

This amendment is submitted to amend the following:

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

ARM CONSULTING & CO

New Registered Office Address:

3475 SHERIDAN ST SUITE 215F

Enter Florida street address

HOLLYWOOD

City

Florida 33314

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FRAMIS E MALAVE	6390 WESTOVER RD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCOISE N ESCOBAR	3533 FOREST VIEW CIR	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 2015 AUG 20  
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 TALLAHASSEE, FLORIDA

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

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2015 AUG 24 A 10:24  
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated AUGUST 24, 2015

*Karina Malave*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

KARINA J MALAVE

\_\_\_\_\_  
Typed or printed name of signer