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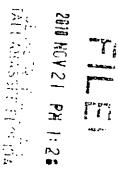
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COVER LETTER

Registration Section Division of Corporations

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

esta iczyr.	Brains, Beauty and Busine	ess LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	С	him Natasha Jordan		
		Name of Person		
	Natasha Jo	ordan's Enterprise (Holding) "LLC"		
		Firm/Company		
	210	051 S.W. 128th Court		
		Address		
	N	∕liami. Florida 33177		
		City/State and Zip Code SimplyJordans@gmail.com	2010 NGV 21	
	E-mail address: (to be used for future annual report notification		
For further information	concerning this matter, please c	all:	::\	
Chim Natasha Jordan		305 772-4157		
Name (of Person	Area Code Daytime Teleph	none Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
МАН	JNG ADDRESS:	STREET/COURIER AI	DDRESS:	

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

Brains, Beauty and Business "LLC"			
(<u>Name of the Limited Lia</u> (A Flo	hility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit	y Company were filed on08/10/2015	and as	ssigned
Florida document number L15000139967			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
Natasha Jordan Enterprises (Ho	lding) "LLC"		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the al	breviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		-	· ·
			
B. If amending the registered agent and/or re	gistered office address on our records, enter	the name	of the no
registered agent and/or the new registered office a	•••		\ <u>\</u>
			Z 1
Name of New Registered Agent:		<u></u> _	<u> </u>
New Registered Office Address:		- ¥ = - 111. = -	j
New Registered Office Address.	Enter Florida street address		<u> </u>
		,::, -	
_	, Florida	^	<u>></u>
	City	∹ Zip Co a t	<i>></i>

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>	Address	Type of Action
			□ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Arid pro-
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

have any operations or active	e business itself. It merely exist for sole purpos	e of controlling	
another company or owning	assets.	.	
			
			
			
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		- Ca	**
	11-01-2018		
tive date, if other than the Rective date is listed, the date mu	e date of filing:	(optional) more than 90 days after tiling.) Pursu	ant to 60:
If the date inserted in this bl	lock does not meet the applicable statutory fili		
nent's effective date on the 12	Department of State's records.		
cord specifies a delaye	d effective date, but not an effective	time, at 12:01 a.m. on th	e earli
e 90th day after the rec		·	
November 1st	2018		
1 November 1st			
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Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00