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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Beauty By Jane LLC 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:
Jane Cayle Name of Person
Brouty By Jane
2108 Choster Ave
City/State and Zip Code Janel • Coyle @ yahoo m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 94/ Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beauty By Jar	nel LLC		
(Name of the Limited Lability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 2160000876 .	were filed on D2C 30, 20	and assign	ied
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Beauty 101 Distribution The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n LLC	oreviation "L.IC	<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		the name of	the new SECRETA
New Registered Office Address:	Enter Florida street address	9	
		X	등 S1 다 다
	, Florida	Zip Cod F≥	<u> </u>

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
			□ Add
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ii ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If document	date, if other than the date of filing:	be listed as the
	Oth day after the record is filed.	carrier or.
Dated	Signature of a member or authorized representative of a member	SECRE LANT OF CO
	Jonal Coula	Ų
	Typed or printed garne of Signec	—A KPORA
		ORATIONS
	Page 3 of 3	4,0

Page 3 of 3

Filing Fee: \$25.00