LIUDDOUDU884

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>SU</u>	MPTUOUS T Name of Limi	3eauty, L.C. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Danelly	I, Benavide	: <u>S</u>
	SUMPTUO	us Beauty, LL Firm/Company	<u>C.</u>
	4100 SAIZ	edo STREET UN	1+ 420
	Coral Gab	City/State and Zip Code	
	danelly ben E-mail address: (1	ovides Co amail. Co be used for future annual report notific	OM ation)
For further information co	oncerning this matter, please ca	ill:	7A 21
Dandly .I	Benavides Person	at (786) 280 - 60 Area Code Daytime 7	TALLANDSEE FL
Enclosed is a check for th	e following amount:		> 100 P
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Sumptyous Beaut (Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 1/11/16	and assigned
Florida document number <u>L16000006884</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ter the name of the new
Name of New Registered Agent:		200
New Registered Office Address:		
	Enter Florida street address	
	, Florid	·
	City	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>	Address	Type of Action
MGR	Danelly Benavides	4100 Saizedo Street	∑ Add
		Coral Gables, FL 33146	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
		SSEE.	Ghange Add
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			Remove
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Filing Fee: \$25.00