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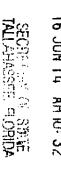


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TO JUNIA AMID: 03

J. HARRIS





### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Beauty and health TV. 11c  Name of Limited Liability 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:
Wilder M. Gomez Name of Person
Name of Person
Beauty and health to 11c
Hallandale
4520 W. Boach Blud
Address
Pembroke Poris, FL, 33023
City/State and Zip Code
W60 MCZ B BOOUTY and health 74 com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wilder M. Gamer at (614) 565 - 1394  Floring of Person Area Code Daytim: Telephone Number
Thome of Person Area Code Daytim: Thephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution See Solution See Solution See, Certificate of Status Certified Copy (additional copy is enclosed)    Solution See Solution See See See Solution See See See See See See See See See Se

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

	<u>nd healt</u>			·
(Name of the Limit	(A Florida Limited	any as it now appears of Liability Company)	1 our records.)	
The Articles of Organization for this Limited L	iability Compan	y were filed on	0/28/201	6 and assigned
Florida document number L 1600019	552		•	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lia	bility company here:		
			· · ·	
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	4520 W.	Hallandole P	beach Blud
(Principal office address MUST BE A STREE	TADDRESS)	Pembroke	PACIS, FL	33023
·	•		<del></del>	
Factorial No. 11		4500 6		le Beach Ble
Enter new mailing address, if applicable:			:	
(Mailing address MAY BE A POST OFFICE	BOX)	Kurpoke 1	Pork FC 3	33073
			·	
Bi is accending the registered agent and			ur records, enter	the name of the nev
registered agent and/or the new registered o	ffice address he	<u>66</u> :		
	• • •	, ' <del>y</del>	, . •	
Name of New Registered Agent:	Wilder	M. Gome	<u>;                                    </u>	<u> </u>
New Registered Office Address:	Recor 4	1520 W. HO		ch Bld.
	_		street address	•
	Penterole	se PAIK	, Florida _	330 23
:		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>t:</u>		
	,		•	

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 Registreed Agent, Signature of New Registered Agent
Page 1 of 3

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 Title Type of Action Name Address w:16er m 4520 W. Hollandola Beach MGR AMBR Pembroke park ☐ Remove Change 4520 W. Hallandole Beach BLUD Alberto Denegri BMBR 33023 ☐ Remove Change 4520 W. Hollandaye Beach Blod Add MPC Torres Pombroke Pork ☐ Remove Change 4520 W. Rollandole Beech Bla Adde Portbrokse Bork FL 33027 Change ☐ Add

Change

ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.	-		Signature of a memb	er of arthorized r	epresentative of a i	nember	P. P.	SECHE HA	, = =
ctive date, if other than the date of filing:  [(optional)]  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuage to 605/0207 (3)(b)  Effective date is listed, the date in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unent's effective date on the Department of State's records.	ed(	06/14/16	· ,	They !	?				<u>.</u>
ctive date, if other than the date of filing:	ecord s	specifies a delaye	d effective date		affective time,	at 12:01 a.	m. on the (	earlier o	f: ·
	E ii ine	cate inscribed in this bi	lock does not meet t	ne applicable su	of filing or more the	(option an 90 days after fi uirements, this o	nal) ling ) Pursnam date will not b	to 60510207 se listed as	(3)(b) the
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Filing Fee: \$25.00