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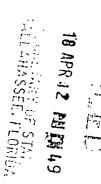
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COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	NEWFACE BRUSHES LLC						
SUBJECT.		Name of Lim	ited Liability Company				
TI I	1 4 2 1 64		1.C. CV				
i ne enciosed	1 Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		LEONARD E ARTEAGA					
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
		NEWFACE BRUSHES LI	LC				
Firm/Company							
		11317 NW 55 LN					
			Address				
		DORAL, FL. 33178					
		·	City/State and Zip Code				
		NEWFACEBRUSHES@AG					
		E-mail address: (to be used for future annual report notifica	tion)			
For further is	nformation co	ncerning this matter, please ca	all:				
LEONARD	E ARTEAGA	A	305 801-0614 at ()				
Name of Person Area Code Daytime Telephone Num		elephone Number					
Enclosed is a	check for the	e following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fec & Certificate of Status	□ \$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:

TO:

Registration Section

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

NEWFACE BRUSHES LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 02-01-2016	and assigned
Florida document number L-16000021665	·	
This amendment is submitted to amend the following	; .	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the	e abbreviation "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:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or re		ter the name of the
registered agent and/or the new registered office a	<u>ddress here</u> :	1 PR
		SS
Name of New Registered Agent:		
		77
New Registered Office Address:	Enter Florida street address	0 7
	Since I for man for cel manifest	9
	, Florida	
	City	7in Cada

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 **Title** <u>Name</u> **Address Type of Action NEWFACE INTERNATIONAL AMBR** 11317 NW 55 Ln Doral Fl. 33178 ■ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove Change, 64 □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00