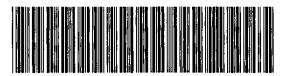


(Red	questor's Name)	, ,
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
ł		

Office Use Only



400291029324 10/18/16--01003 -002 **25.00

FILED

16 OCT 18 PH 2: 00

SECRETARY OF STATE
SECRETARY SEEP, FLOWIDA

D. SCOTT **0CT** 1 9 2016

COVER LETTER

	of Corporations	
TY S' SUBJECT:	TUDIO, LLC	
	Name of Limited Liability Company	
	les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following:	
	Tetyana Yatsko	
	Name of Person	
	Firm/Company	
	20301 W Country Club, Ste 1928	
	Address Aventura, FL 33180	
	City/State and Zip Code	
	tatyanayatsko14@gmail.com E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	16 OF
N	Name of Person Area Code Daytime Telephone Number	DET 18 PN 2:0
Enclosed is a check	k for the following amount:	型S P
■ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Co	of Status & 🥽

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

TY STUDIO, I	LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/12/2016	and assigned
Florida document number L16000030244		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
DELICE BEAUTY, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17395 N Bay Road, Suite 201	
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach, FL 33160	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		er the name of the new
New Registered Office Address:		器 6 円
The Registered Office Address.	Enter Florida street address Florida	PE STA
	City , Florida _	Ap 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	Andrii Iatsko	20301 W Country Club, Ste 1928	
		Aventura, FL 33180	Remove
			☐ Change
			Add
		·	□ Remove
			☐ Change
			Add
			☐ Remove
		·	□ Change
			
			Remove
			G ange
	···		
			Remove O
			Charge
			Add
		·	Remove
			☐ Change

		· · · · · · · · · · · · · · · · · · ·	
<u> </u>			
			_
			·-···
			
			, , , , , , , , , , , , , , , , , , ,
		•	
fective date, if other than to	he date of filing:	(op to date of filing or more than 90 days al	otional)
ote: If the date inserted in this	block does not meet the applicate Department of State's records.	able statutory filing requirements, t	this date will not be listed a
e record specifies a delay The 90th day after the r	ved effective date, but not ecord is filed.	t an effective time, at 12:01	La.m. on the earlier o
October 13	2016	•	SECONO CONTRACTOR OF CONTRACTO
ited	,	_ · -	三
	477		PILED
	signature of a member or autho	rized representative of a member	
	Tetyana Yats	sko	(a) N

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00