Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BE BEAUTIFUL FACIAL AESTHETICS, PLLC

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10/2/2018

TO: Registration Se Division of Con				
	ITIFUL FACIAL AESTRE	TICS, PLLC		
SUBJECT:	Name of Lim	nited Liability Company	••	
	Amendment and fee(s) are sub	_		
	Cheyenne Moseley			
		Name of Person		•
	Legalzoom.com, Inc.			
	 	Firm/Company		
	101 N. Brand Blvd., 11t	th Floor	: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	-2
		Address		> 11
	Glendale, CA 91203			== 1 No.
		City/State and Zip Code	٠ مــــــــــــــــــــــــــــــــــــ	ယ ဖ ၊
	dominicandoc04@yahoo	o.com to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c			
Cheyenne Moseley		800 773-0888 ex	ct. 9724	
Name (of Person	at () Area Code Daytine	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURL Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF ORGANIZATION

BE BEAUTIFUL FACIAL AESTHETICS, PLLC				
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.)			
The Articles of Organization for this Limited Liability Company were filed or	03/29/2016		_ and as	signed
Florida document number L16000062924			ارس. ارست	
This amendment is submitted to amend the following:				7
A. If amending name, enter the new name of the limited liability compan	y here:	~.	<u></u> 1	ا <u>ا</u> مُفَوّد من
			7 -	1 ~
The new name must be distinguishable and end with the words "Limited Liability Company,	" the designation "LLC" or	the abbi	reviation "	LEC.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		,	نيا	
		25.00	હા	
Enter new mailing address if applicables				
Enter new mailing address, if applicable:			·	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, <u>er</u>	iter th	e name	of the n
New Registered Office Address:				
Enter	Enter Flurida street address			
	, Florida			
Ciŋ:			Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to act in temperate provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I have company has been notified in writing of this change.	e of my duties, and I in Chapter 605, F.S.	am fan Or, if i	niliar wi this doc	ith and ument is
If Changing Register	ed Agent, Signature of Ne	w Regin	tered Age	<u></u>
Page 1 of 3				

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Ann C. Giovanni	20 Fonseca Ave.	2 Add
		Coral Gables, FL 33134	Remove
			[] Add
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		<u> </u>	Add 7
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Filing Fee: \$25.00