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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

CUDIFOR.	UTY CENTER LLC		·
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEJANDRO HUERTA		
		Name of Person	
•	ZEN BEAUTY CENTER,	LLC.	
•		Firm/Company	
	1219 71 ST 2nd floor		
		Address	
	MIAMI BEACH , FLA. 33	141	
		City/State and Zip Code	
	zenbeautycenter777@gmail		
	E-mail address: (1	o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ill:	
Alejandro Huerta		305 2039470 at ( )	
Name o	of Person	Area Code Daytime	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zen Beauty center, LLC		
( <u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
Γhe Articles of Organization for this Limited Liability		and assigned
Florida document number L16000076797		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited 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 ADD	DRESS)	<u> </u>
	·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		5
		E S
B. If amending the registered agent and/or reg		iter the name of the new
registered agent and/or the new registered office ac	ddress nere:	1
		PHI 2:
Name of New Registered Agent:		Service Servic
New Registered Office Address:		44 وير
	Enter Florida street address	
	, Florid	
	City	Zin 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 amonding 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	Jeanette Font	10 Aragon Ave .suite 720,Mia.Fla.3	Add
			□ Remove
			Change
AMBR	Angela Felice	416 NE 24 Av. Pompano Beach, Fl	■ Add
			☐ Remove
			Change
			Add
			Mange Change
			PAdd PRemove
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			Add
			☐ Remove
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ted June 24, 2016		·				
Sig	nature of a member of	rhuth prized rep	resentative of a	member	· · · · · · · · · · · · · · · · · · ·	<del></del>

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Filing Fee: \$25.00