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(F	Requestor's Name)	
(A)	Address)	
(F	Address)	
(C	City/State/Zip/Phone #)	
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(E	Business Entity Name)	
([Document Number)	
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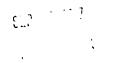
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Octo	ando Health Name of Limi	and Beauty	LLC
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Kasti	e Kliec Name of Person	
	Octondo	5 Hec. 14h and Firm/Company	of Beauty N.C
	30 W Grant	+ S+ STE	129
	orlando,	FL 32800 City/State and Zip Code	<u> </u>
	Octandoh E-mail address: (to	ealthandbea	on notication
For further information cone	erning this matter, please ca	11:	
K. CISTIC K.11 Name of Pe	C.C.	at (<u>५०)</u>) Area Code	SOS - SUGO Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	▼ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reconditional Company)	mail.com
The Articles of Organization for this Limited Liability Company	y were filed on <u>65/09/</u> 2	and assigned
Florida document number <u>LIGCOC9 0064</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	LC pility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		77
		- 59
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		5 v
	Enter Florida street addres	N
	FI	orida
	City	Zip 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
		 	Db∧ □
			Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00