L16000106553

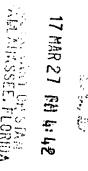
(Requestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDE		Beauty Lounge LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	aclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Melissa Rekau		
		4	Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	<u>. </u>
		1634 SW 17th St		
			Address	
		Miami, FL 33145		
			City/State and Zip Code	
		melissa.rekau@gmail.com	·	
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Meliss	a Rekau		954 400-9432 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 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)

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

Fill Me In Beauty Lounge LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our records</mark> Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on June 1, 2016	and assigned
Florida document number L16000106553		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Fill Me In Beauty Bar LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8315 W Flagler St #29	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33144	
Enter new mailing address, if applicable:	1634 SW 17th St	T. A.
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33145	SSE 27
		52 # 97
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records e:	, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Remove
			☐ Change
			□ Add
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an ef ote:	ive date, if other than the date of filing: Coptional) Pursuan	it to 605	5,02(ed a
ocui	iont's effective date on the Department of State's records.			
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the	earlie	er of
Dated	March 23 2017			

Page 3 of 3

Filing Fee: \$25.00