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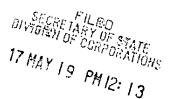
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COVER LETTER

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CUDIECT.	<mark>አ</mark> ል	à Beauty LL	C	
SOBJECT: ""	00	è Beauty LL Name of Lim	ited Liability Company	
,				
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all	l correspoi	ndence concerning this matter	to the following:	
		Bruce	Meeks Jr Name of Person	
			Name of Person	
		Bae B	seauty LLC Firm/Company	
		1500	Firm/Company	······································
		3535 Peacht	rep Rd NE Suite	520-309
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For further info	rmation co	oncerning this matter, please co	all:	
Bruce	Mee	ks Jr	at (850) 510 - Area Code Daytim	6393
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a cla	eck for th	e following amount:		
☑ \$25.00 Filir	ng 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations
	, anunu	encourage to the entangent to t	Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BAÉ BEAUTY L	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L\6000 189986</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 10/14/2016 and assigned
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:	3535 Peachtree Rd NE
(Principal office address MUST BE A STREET ADDRESS)	Su9te 520-309
	Atlanta, GA 30326
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3535 Peachtree Rd NE Sufte 520-309 Atlanta GA 30326
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: Footma	n Law Firm P.A.
New Registered Office Address: 1695	Metropolitan Circle Suite 3 Enter Florida street address
Tallah	A SSEE Florida 32308 City Zip Code
Naw Dagistared Agent's Signature if shanging Dagistared Agent	

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 = Mana AMBR = Auth				17 HAY 19	DEPORATIONS	
<u>Title</u>	<u>Name</u>	;	<u>Address</u>	,	1 N 12: 13	Type of Action
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	g any other information, enter change(s) here: (Attach additional sheets, if necessary.) SECRETARY OF CORPORATION 17 MAY 19 PM 12: 13
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ective	ate, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
effectiv	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ument	effective date on the Department of State's records.
recor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	h day after the record is filed.
	5/19/17 , 2017
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	(1) and (1)
	Signature of a member or authorized representative of a member
	O
	Bruce Meeks Jr.

Page 3 of 3

Filing Fee: \$25.00