L1600217866

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G. McLEOD

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	international las	shes IIc		
		nited Liability Company		
The enclosed Articles	of Amendment and feers) are suf	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Ronsades	Hart		
		Name of Person		
	internat	tional lashes inc	llc	
		Firm/Company		
	50071			
	6067 h	ollywood blvd Address		
		Address		
	Hollywoo	d , fl 33024	Suite 20	5
		City/State and Zip Coo	de	
		nallashesinc@gr		
		to be used for future annu	iai report notific	ation)
For further information	n concerning this matter, please c	all:		
Ronsa	des Hart	at (561)	360-803	32
Name	of Person	Area Code		elephone Number
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is)		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAI	LING ADDRESS:	STRE	ET/COURIEF	RADDRESS:

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 17 JUL 20 AH 8: 13

INTERNATIONAL LASHES INCILLO (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/01/2016 Florida document number L16000217866 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INTERNATIONAL LASHES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li.C" or the abbreviation "Li.L.C." 6067 hollywood blvd Enter new principal offices address, if applicable: Hollywood, fl 33024 (Principal office address MUST BE A STREET ADDRESS) Suite 205 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			□ Remove
			Change
			□ Add
			□ Remove
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**************************************			Add
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 			Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: 12/1/16 (optional) (If an effective 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 605,0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dated 7/19/17
Signature of a member or authorized representative of a member
Ronsades Hart Typed or printed name of signce

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Filing Fee: \$25.00