

**L160000228007**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : ALPHA BUSINESS CONSULTING, LLC  
 Account Number : I20080000061  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 ONDERSTAND BEAUTY, LLC**

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Corporate Filing Menu

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 Help JAN 20 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ONDERSTAND BEAUTY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRE MASTANDREA

Name of Person

ONDERSTAND BEAUTY, LLC

Firm/Company

610 SYCAMORE ST SUITE 205

Address

KISSIMMEE, FL 34747

City/State and Zip Code

pinheiromaria@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO

407

582-9830

Name of Person

at ( )

Area Code

Daytime Telephone Number

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ONDERSTAND BEAUTY, LLC

(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 01/01/2017 and assigned  
Florida document number L16000228007.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BEAUTY GROUP USA, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

3889 GARDEN PLAZA WAY APT 6022

ORLANDO, FL 32837

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3889 GARDEN PLAZA WAY APT 6022

ORLANDO, FL 32837

**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:

ALEXANDRE MASTANDREA

New Registered Office Address:

3889 GARDEN PLAZA WAY APT 6022

Enter Florida street address

ORLANDO

Florida 32837

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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROCKET HOLDING, LLC	1000 N. WEST STREET	<input type="checkbox"/> Add
		SUITE 1501	<input checked="" type="checkbox"/> Remove
		WILMINGTON, DE 19801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

PLEASE CORRECT THE REGISTERED AGENT NAME: ALEXANDRE MASTANDREA.

7-11-68

17 JAN 19 9:14

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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)(b)

**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.

(b) The 90th day after the record is filed.

Dated JANUARY 19

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Signature of a member or authorized representative of a member

ALEXANDRE MASTANDREA

Typed or printed name of signer