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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061

Phone

: (407)582-9830

Fax Number

: (407)294-7677

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEAUTY GROUP USA, LLC

Certificate of Status	0
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Page Count	01
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# COVER LETTER

O: Registration Se Division of Cor	ction porations
	GROUP USA, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
•	MARIA PINHEIRO
	Name of Person
	ALPHA BUSINESS CONSULTING, ELC
	Firm/Company
	7022 CARLENE DR
	Address
	ORLANDO, FL 32811
	City/State and Zip Code
	pinheiromaria@att.net
	E-mail address: (to be used for future annual report notification)
For further information o	oncerning this matter, please call:
maria pinhetro	407 582-9830 at ( )
Name o	of Person Area Code Daytime Telephone Number
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#### 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 fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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