12/26/2017



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Cor	porations	->
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	Fax Number Account Name Account Number Phone Fax Number the email address	Fax Number : (954)366-3239 the email address for this business entity to be used for usel report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE ESMALTERIA BY BODY BROW BAR LLC

Certificate of Status	31	0
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Electronic Filing Menu

Corporate Filing Menu

Help

((HIM 000 337451 31))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ESMALTERIA BY BODY BROWN BAR LLC		
(Name of the Limited Liability Company as It no (A Florida Limited Liability Co	npany)	
The Articles of Organization for this Limited Liability Company were file. Florida document number L17000000932	d on 12/30/2016 and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new pame of the limited liability com-	pany here:	
THE ESMALTES SALON, LLC.		
The new name must be distinguishable and contain the words "Limited Liability Compa-	ny," the designation "LLC" or the abbreviation "L.L.C	· ·
Enter new principal offices address, if applicable:	20 _	
(Principal office address MUST BE A STREET ADDRESS)		
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	SX 6	
Enter new mailing address, if applicable:	<u> </u>	* 45
(Mailing gddress MAY BE A POST OFFICE BOX)	<u> </u>	
		
B. If amending the registered agent and/or registered office address here:	iress on our records, enter the name of	the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
City	Zip Code	·
Now The later of America Signature of Changing Registered Agent:	•	

New Registered Agent's Signature, il 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

((HI) 000337451 311)

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>	Name	<u>Address</u>	Type of Action		
AMBR	RENATA C DINIZ	3871 JASMINE LANE	C3 Add		
		CORAL SPRINGS, FL	Remove		
		33065	☐ Change		
AMBR	ANNA KARINA T DE MOURA	2400 WEST SAMPLE RD STE 7	■ Add		
		POMPANO BEACH, FL	☐ Remove		
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