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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
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COVER LETTER

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218 186 8812 PI	V. Rose Bea	amy LLC		
SUBJECT:	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retui	n all correspo	ndence concerning this matter	to the following;	
		Lorena Urrea		
		HIN = 1 = 1	Name of Person	
		V. Rose Beauty LLC		•
			l'irm/Company	
		11811 Royal Palm Blvd A	pt 102	
			Address	1
		Coral Springs, FL 33065		
		vrosebeautyinfo@gmail.com	City/State and Zip Code m	
			to be used for future annual report not	fication)
		oncerning this matter, please ea		
Lorena Urr			561 3058660 at () 	e Felephone Number
	Name o	l'Person	Area Code Daytim	e Felephone Number
Enclosed is	a check for th	ne following amount:		
S \$25,00	Filing 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
	Registr	ING ADDRESS:	STREET/COURI Registration Section	nn
	P.O. B	on of Corporations ox 6327	Division of Corpor Clifton Building	:
	Callah:	issee FL 32314	2661 Executive Ce	inter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TALLAHASSEE	0F c
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The Articles of Organization for this Limited Liability Company were tiled on April 6th, 2017 and assigned Florida document number 1,17000078009

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the hibreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	Type of Action
MGR	Lorena Urrea	11811 royal palm blvd apt 102	
		Coral Springs fl 33065	☐ Remove
			☐ Change
			□ Add
			□ Remove
		SSL#	Add -1
			STORE L. 13
			Hange 3
•			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change

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e: If the date inserted in this b	date of filing: st be specific and cannot be prior to date of filing or more to dock does not meet the applicable statutory filing reconstructions.	(optional) than 90 days after filing.) Pursuant to 605,0207 quirements, this date will not be listed as
iment's effective date on the D	epartment of State's records.	
ecord specifies a delaye ne 90th day after the rec	d effective date, but not an effective time cord is filed.	e, at 12:01 a.m. on the earlier of
July 25th	2017	
ed		
	Augualture of a member of authorized representative of a	member
	<i>'</i>	

Page 3 of 3

Filing Fee: \$25.00