

11000009402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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MAY 17 2017
J. HARRIS

05/03/17--01018--004 **25.00

2017 MAY 16 PM 1:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2017

ALLONGE SHERLINE
3479 NE 163RD ST PMB
NORTH MIAMI BEACH, FL 33160

SUBJECT: GLOBAL BEAUTY XCHANGE LLC
Ref. Number: L17000079402

2017 MAY 16 PM 3:28
SCHOOL OF MEDICINE
TALLAHASSEE, FLORIDA

We have received your document for GLOBAL BEAUTY XCHANGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 617A00008967

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Global Beauty Xchange 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 4/10/17 and assigned
Florida document number L17000079402

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE FLORIDA

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:

Sherline Allonce

New Registered Office Address:

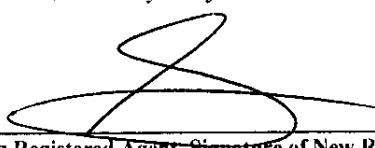
3479 NE 1163 rd st PNB #501

Enter Florida street address

North Miami Beach, Florida 33160
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

Title

Name

Address

Type of Action

MGQ

Sherline Allonce

Address Type of
3479 NE 163rd St PNB#501
North Miami Beach FL 33160 ■ Add

Remove

Change

Add

Remove

□ Change

Add

Remove

Change

◻ Add

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CHAN
MAY 16 1977
REMOVED
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CHARGE
HARRY DE STAFF
GEORGE H. LEE
TALLAHASSEE, FLORIDA

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Add

Remove

Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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