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COVER LETTER

TO:	Registration Se Division of Cor		•	Š
end n		ash Lounge by Margaret Bert	rand LLC	
SUBJI	ECT:		nited Liability Company	,
The en	nclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ndence concerning this matter	r to the following:	
		Margaret Bertrand		
		••	Name of Person	
		Boca Lash		
			Firm/Company	
		422 E Palmetto Park Rd		
			Address	
		Boca Raton FL 33432		
		-	City/State and Zip Code	
		bocalash@gmail.com		
		E-mail address;	(to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please o	call:	
Marga	aret Bertrand		802 8299234 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
⊟ \$2	15.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Boca Lash Lounge by Margaret Bertrand

(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 05/09/2017 and assigned Florida document number ____1.170000103199 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Boca Lash LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Office Address: Enter Florida street address City 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 familæ with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Of; if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited kability 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			□ Remove			
			Change			
			□ Add			
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	Signature	of a member of author	rized representative o	l'a illember	<u></u>	?
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Margaret Bertn					ੁਲਾਵਾ ਜਾ ਂ	,

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Filing Fee: \$25.00