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Ta:

Division of Corporations

Fax Number

: (850)617-6383

From:

: BLACKLEDGER ENTITY MANAGEMENT LLC Account Name

Account Number : I20150000089 : (305)444-8800 Phone

Fax Number : (305)444-4010

\*\*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 LIFE BEAUTY SPA LLC (3) 0 Certificate of Status 0 Certified Copy 01 Page Count \$25.00 Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Life Beauty Spa LLC	·	
(Name of the Limited Liability Compa- (A Florida Limited L	ay as it now aggreers on our records.) isbility Company)	
ne Articles of Organization for this Limited Liability Company orida document number L17000103403	were filed on 05/10/2017	and assigned
his amendment is submitted to amend the following:		79
. If amending name, enter the new name of the limited liab	ility company here:	3*
	•	
ne new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	40 SW 13TH STREET, STE 100	01
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130-4346	······································
	40 SW 13TH STREET STE 100	; ·' <b>)1</b>
inter new mailing address, if applicable: Malling address MAY BE A POST OFFICE BOX)	MIAMI, FL 33130-4348	
egistered agent and/or the new registered office address her  Name of New Registered Agent:	<u></u>	
•		• • • • • •
New Registered Office Address:	Enter Florida street address	
		<b>3</b> _
		Ω8
	, Flori	Zip Code
New Registered Agent's Signature, if changing Registered Agent	City	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	City  ii  ree to act in this capacity. I furth be performance of my duties, and a provided for in Chapter 605, F.	Zip Code er agree to comply with I am familiar with and S. Or, if this document i
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	City  ii  ree to act in this capacity. I furth be performance of my duties, and a provided for in Chapter 605, F.	Zip Code er agree to comply with I am familiar with and S. Or, if this document i
hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	City  ii  ree to act in this capacity. I furth be performance of my duties, and a provided for in Chapter 605, F.	Zip Code  er agree to comply with and S. Or, if this document the limited liability

MGR = Manager

305

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Fitle</u>	Name	Address	Type of Action
MGR	GUILHERME C RIBEIRO	40 SW 13TH STREET STE 1001	
		MIAMI, FL 33130-4346	
•	. ' !		■ Change
MGR	CLAUDIA M MONTIJO RIBEIRO	40 SW 13TH STREET STE 1001	DbA C
		MIAMI, FL 33130-4346	☐ Remove
	·		Echange Co
· .	<u> </u>	<u></u>	
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			TO SEE
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		<u> </u>	□ Remove
		•	E Charac

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