

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L17000107835**

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: support@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LUX TOTAL BEAUTY LLC

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2018 OCT 31 PM 12:43

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18 OCT 31 AM 8:11

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Corporate Filing Menu

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NOV 01 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LUX TOTAL BEAUTY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING GROUP

Firm/Company

7901 KINGSPONTE PKWY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

support@larsonacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE G LARSON

at 407 3703686

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

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**

LUX TOTAL BEAUTY 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 05/15/2017 and assigned  
Florida document number L17000107835.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

N/A

**New Registered Office Address:**

Enter Florida street address

Florida

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

DocuSign Envelope ID: D555C2D0-2E01-4C63-AD35-A1B872560113

is 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSE SILVA, MAURICIO	11452 CITRA CIRCLE APT 101	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PIRES SILVA, FERNANDA	11452 CITRA CIRCLE APT 101	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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103. CY

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105. DA

106. DB

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131. EA

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135. EE

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141. EK

142. EL

143. EM

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145. EO

146. EP

147. EQ

148. ER

149. ES

150. ET

151. EU

152. EV

153. EW

154. EX

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168. FL

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229. HU

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233. HY

234. HZ

235. IA

236. IB

237. IC

238. ID

239. IE

240. IF

241. IG

242. IH

243. II

244. IJ

245. IK

246. IL

247. IM

248. IN

249. IO

250. IP

251. IQ

252. IR

253. IS

254. IT

255. IU

256. IV

257. IW

258. IX

259. IY

260. IZ

261. JA

262. JB

263. JC

264. JD

265. JE

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267. JG

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269. JI

270. JJ

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274. JN

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279. JS

280. JT

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283. JW

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286. JZ

287. KA

288. KB

289. KC

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291. KE

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295. KI

296. KJ

297. KK

298. KL

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301. KO

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304. KR

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306. KT

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310. KX

311. KY

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313. LA

314. LB

315. LC

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321. LI

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326. LN

327. LO

328. LP

329. LQ

330. LR

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332. LT

333. LU

334. LV

335. LW

336. LX

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338. LZ

339. MA

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412. OV

413. OW

414. OX

415. OY

416. OZ

(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)

Dated October 26th, 2018

Typed or printed name of signee