## L17000131157

Office Use Only



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D. SCOTT JUL 7 2017

## **COVER LETTER**

	Registration Division of C		
SUBJEC	MBGrou	p International, LLC	
SOBJEC	-1·	Name of Lin	nited Liability Company
		of Amendment and fee(s) are subspondence concerning this matter	
		James Scott	
			Name of Person
		Bogin, Munns & Munns,	PA
			Firm/Company
		Gateway Center, 1000 Le	gion Place, Suite 1000
			Address
		Orlando, Florida 32801	
			City/State and Zip Code
		jscott@boginmunns.com	
		E-mail address:	(to be used for future annual report notification)
For furth	er informatio	n concerning this matter, please o	call:
James S	cott		386 405-6859
	Nam	e of Person	at ()
Enclosed	is a check fo	or the following amount:	S55.00 Filing Fee & S60.00 Filing Fee & S
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed)  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

MBGroup International, LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company violation of Company violatio	vere filed on June 15, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off- registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	と
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	covided for in Chapter 605, F.S. Or, if this document is
If Chang	ing 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			Remove
	•		☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			_ E Add
			Remove T
			□ Change
			Remove Change
			□ Remove
			□ Change

, .	this limited liability company is to conduct any lawful	business, including but not limited
retail sale of beauty produ	icts.	
Section 2. This limited lie	ability company shall be manager-managed.	
		ML-t-al- APIE TWA THE MET TO THE TOTAL THE TOT
		A CONTRACTOR OF THE CONTRACTOR
ive date, if other than the factive date is listed, the date	the date of filing:	(optional) nan 90 days after filing.) Pursuant to 605
If the date inserted in this	s block does not meet the applicable statutory filing req e Department of State's records.	uirements, this date will not be liste
ione s choon to date on the	, 55,000	
	yed effective date, but not an effective time	, at 12:01 a.m. on the earlie
90th day after the i	ecord is filed.	
June 29	2017	
	A	
	Signature of government of authorized representative of a	member E
		SS 1
lamos A. Soutt I.	authorized presentative of a member	

Filing Fee: \$25.00