L17000142335

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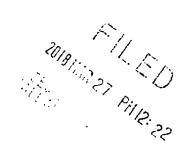
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TO: Registration Section Division of Corporations	
SUBJECT: Très Chic Lashes, LLC Name of Limited Liability Co	ompany
The enclosed Articles of Amendment and fee(s) are submitted for filir	ng.
Please return all correspondence concerning this matter to the following	ng:
Phode Bone	US FPerson
Très Chic Lashes, LLC	ompany
7901 4th St	N Ste 300
St. Petersourg	FL 33702 d Zip Code
E-mail address: (to be used for fi	staire annual report notification)
For further information concerning this matter, please call:	
RNOde Rome of Person at (Are	39 599 - 0399 a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certific	Filing Fee & \$60.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section

STREET/COURIER ADDRESS:

Registration Section



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Très Chic Lashes, LLC (Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lin Florida document number <u>L17000142335</u>	ability Company	were filed on \underline{OV}	13012017	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
Tres Chic Cosh The new name must be distinguishable and contain the we	nctics ords "Limited Liabil	ity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica		7901 C 5+. Per	1th St USburg,	N STE 300 FL 33702
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	7901 C St. Pete	th St N	57E 300 FL 33702
B. If amending the registered agent and/or the new registered off			our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	Registered	Agents Inc.		
New Registered Office Address:	7901 4th St			
			a street address	
	St. Petersbu		, Florida	33702
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N AMBR = A	Anager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
	·		Add
			Remove
			☐ Change

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an effe ote:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated .	March 23, 2019.
	VIII 00000 VIII 000000