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COVER LETTER

Division of Cor			
SUBJECT:	La Lune O	Smeligue LL	
		·	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
		Mirling Jean M	lary!
	Lal	Lune Cosmetic	He
	6621 Racque	+ Club Drive	
	Laude Lalune E-mail address: (6	City/State and Zip Code Cosmet Gue alan o be used for luture annual report notification	sail.com
For further information of	concerning this matter, please ca	11:	
Mirlin Name o	a Jean Mary		260 ephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STREET/COURIER	ADDRESS

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT 2017 AUG-4 PM 4:51 TO ARTICLES OF ORGANIZATION ed 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 and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 uddress Florida 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.\$. 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 N

MGR = Ma $AMBR = Au$	anager ithorized Member		1 1 1
<u>Title</u>		Address	Type of Action
CEO	Mirling D. Jean Har	1 6621 Racquet Cl	HS Xadd
		Drive Lauckerhill Fr	336 - Remove
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<u>1BR</u>	Mirling D. Jean Harry Wagner Jean Mary	lauderhill, FL 33	339 Add
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			Remove
			□ 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:

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if neces	
	hanging location of the Business address	
	thought Marting achies of business	
	Caredias CED Neme was registered as	Coxistered Agent
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		120, 11
		2017 NO T
		SSE T
		1 S
(If an effectiv <u>Note:</u> If t	date, if other than the date of filing:	iling.) Pursuant to 605.0207 (3)(
If the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a. Oth day after the record is filed.	m, on the earlier of:
	Signature of a member or authorized representative of a member	
	Typed or printed name of signed	<u> </u>

Page 3 of 3

Filing Fee: \$25.00