## UWITTO

(Requestor's Name)
(Address)
(Address)
(13311)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bodaniem Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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November 7, 2017

L17000170770 17066 COLLINS AVE SUNNY ISLES BEACH, FL 33160

SUBJECT: I & U BEAUTY LLC Ref. Number: L17000170770

We have received your document for I & U BEAUTY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 217A00022476

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 & U Be	auty LLC.	
(Name of the Limited Liab (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document numberL170001707		10-17. and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· ·
	·	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		records, enter the name of the no
-	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		?
	Enter Florida st	reet 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	You and 1 Be	AUT LAB CORP. 17066 Co	Mins Ave Add
		Sunny Isles Be	Ach, Fl 33160 De Remove
			☐ Change
MBR	Antonella Co	iffure Corporation	<b>T</b> Add
		17066 Collins	A Ne Remove
		Sunny Isles Be	each, FL 33160 (Change
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Filing Fee: \$25.00