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## **COVER LETTER**

Division of Co	rporations	·	
PATT BE SUBJECT:	AUTY BLUSH, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	YOLIMA PATRICIA AR	DILA ARBOLEDA	
		Name of Person	<del></del>
	PATT BEAUTY BLUSH.	LLC	
		Firm/Company	
	11555 NW 83rd Way		
		Address	<del></del>
	Parkland, FL. 33076		
	<u> </u>	City/State and Zip Code	<del></del>
	patricia.ardila05@gmail.com		
	E-mail address: ()	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
YOLIMA PATRICIA A	ARDILA ARBOLEDA	954 8211708	
Name o	of Person	at () Area Code Daytime	Telephone 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

PATT BEAUTY BLUSH, LLC	
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were t	iled on AUGUST 15, 2017 and assigned
Florida document number L17000173905	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Com	pany," 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)	<del>Ω</del> π: <b>α</b>
3. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
Cir	, 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.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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PATRICIA ARDILA	11555 NW 83rd Way	
		Parkland, F1., 33076	■ Remove
			Change
MGR	YOLIMA PATRICIA ARDILA	11555 NW 83rd Way	<b>⊟</b> Add
		Parkland, FL, 33076	□ Remove
			☐ Change
		<del></del>	☐ Remove
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ffect	ive date, if other than the date of filing:		
ian eff	cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	Pursuant to 605	5.0207
ocum	ient's effective date on the Department of State's records.	in not be that	cu as
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the earli	er of
	source and record is med.		
	AUGUST 17, 2017		
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ated	Signature of a monthly or authorized to a manh or		
ated	Signature of a member or authorized tepresentative of a member		
ated	YOLIMA PATRICIA ARDILA ARBOLEDA	17 AU	
ated		17 AUG 21	~~; ==
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Filing Fee: \$25.00