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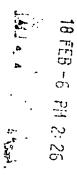
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JUST Flawless LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tamara Baker Name of Person
Firm/Company
1302 Snug Harbon Drive
City/State and Zip Code + 2000 O Pretty hide Judge Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Torrish Boku at (407) 590 - 9073 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

rations Division of Corporations
Clifton Building
2314 2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just Flawless	, LLC	6
(Name of the Limited Liability Compa (A Florida Limited)	tny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 7066 230674</u> .		and assigned
This amendment is submitted to amend the following:		70
A. If amending name, enter the new name of the limited liab	ility company here:	3
The Pretty Hideaway	· LC	
The new name must be distinguishable and contain the words "Limited Llabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	151 Graham A	ve
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, FL 3	32765
Sherild de Syna achtera?	1707 ENLIG 40	orbor Onive
Enter new mailing address, if applicable:	1302 S/MCJ 110	51 Conty
(Mailing address MAY BE A POST OFFICE BOX)	(25) elberry	FL 32767
B. If amending the registered agent and/or registered or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	Cny	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Add
			☐ Remove
			Change
			Addan CD
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			□ Remove
			☐ Change
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ffective date is		ust be specifie:	and cannot be p				ling.) Pursuant to 605.02
	inserted in this ive date on the				ory filing red	uirements, this d	late will not be listed
	ifies a delay after the re			not an effe	ctive time	, at 12:01 a.	m. on the earlier
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		my	a Book	01			
		www	a Book	301			
- 112	- (- 7	Signature of	a member or a	uthorized repres	sentative of a	member	

Page 3 of 3

Filing Fee: \$25.00