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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Inner Beauty Solon & Clinic "LLC" Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Taegan White Name of Person
Inner Beauty Satur & Clinic UC
24331 SW 129th CT. Address
Princeton FL 33032 City/State and Zip Code
Femali address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taegan White at (305) 316-7894  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Sectificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Section Filing Fee & Certificate of Status & 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Tinner Beauty (Name of the Limited Liability (A Florida)	Salon / Clinc LLC y Company as it how appears on our vectors.) Limited Liability Company)
	ompany were filed on Dec 18, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit  The new name must be distinguishable and contain the words "Limit	ed liability company here:  Salon & Clinic LLC"  ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	70 18
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
• • • •	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
New registered Office radialess.	Enter Florida street address
	, Florida
	City Zip Cude

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

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
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record specifies a delayed he 90th day after the rec		out not an effec	tive time, at 12:	01 a.m. on the e	earlier of:
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1	Signature of a member	or authorized represe	ntative of a member	33.	<b>₹</b> •

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Filing Fee: \$25.00