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COVER LETTER

TO:	Registration S Division of Co			
SUBJE		ARKETING LLC		
SOBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		TERESA GONZALEZ		
			Name of Person	
		BEAUTIFUL TRANSFO	RMATIONS LLC	
			Firm/Company	
		12004 W POND WAY		
			Address	
		TAMPA FL 33635		
			City/State and Zip Code	
		TERESAEGONZALEZ7@ E-mail address: (GMAIL.COM to be used for future annual report notif	lication)
For furth	her information	concerning this matter, please c	all:	
TERES	A GONZALEZ		813 532-6747	
	Name	of Person	at () Area Code Daytime	e Telephone Number
Enclose	d is a check for	the 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)
		LING ADDRESS:	STREET/COURI Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EN C MARKETING LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited I Florida document number L18000024519	iability Company	were filed on 1-26-2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
BEAUTIFUL TRANSFORMATIONS LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	12004 W POND WAY	
(Principal office address MUST BE A STREET ADDRESS)		TAMPA FL 33647	-
Enter new mailing address, if applicable:		12004 W POND WAY	
Mailing address MAY BE A POST OFFICE	(BOX)	TAMPA FL 33635	r r
			7 7
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the r
Name of New Registered Agent:	TERESA GON	ZALEZ	
New Registered Office Address:	12004 W PON	D WAY	
		Enter Florida street ad	dress
	TAMPA		Florida 33635
		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TERESA GONZALEZ	12004 W POND WAY TAMPA FI ■	Add
			Remove
			Change
MGR	MIREILLE FERNANDEZ	12004 W POND WAY TAMPA FI	Add
			□ Remove
			□ Change
			🗖 Add
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prior to dack does not meet the applicable		s after filing.) Pursu	
e record specifies a delayed The 90th day after the reco		n effective time, at 12:	01 a.m. on th	ie earlier o
ated 7.17-	2018			

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Filing Fee: \$25.00