

(Re	equestor's Name)
(A	ddress)
(Ad	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER

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TO: Registration Section Division of Corporation			
SUBJECT:	FSO BEAUTY Name of Limited L	L L C Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitte	ed for filing.	
Please return all corresponde	ence concerning this matter to the	e following:	
	Modline	Philistin Name of Person	
		Firm/Company	
	_1530 NW 1	32 TERR	
		Address	
	Miami, F	L, 33167	
-	FSOBea	ty/State and Zip Code U+VD 9 M9 I used for future annual report notification	(OM
For further information conc	erning this matter, please call:		
Modlin-	e Philistin	at (<u>780</u>) 399 –	1084 phone Number
			•
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ Certificate of Status	1 \$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 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

(A Più	onda Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number <u>L 180000</u> S843	y Company were filed on $03/06/20/8$ and assigned 9 .
This amendment is submitted to amend the following	y;
A. If amending name, enter the new name of the solution of the	ae LLC
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	275 NE III Street
(Principal office address MUST BE A STREET AD	DRESSI MIAMI FL, 33/6/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	275 NF 111 Street Miami, FL, 33161
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	Modline Philistine
New Registered Office Address:	275 NE III Street
	Enter Florida street address MIGMI Florida 33/6/
_	City 4B Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

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 **Title Name Type of Action** Jean Turenne 275 NEIII Street Add ☐ Remove ☐ Change MGR Modline Philistin 275 NE 111 Stree ☐ Remove ☐ Change □ Thange !! ☐ Remove □ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

□ Change

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of file: If the date inserted in this block does not meet the applicable statuto	(optionaling or more than 90 days after filling requirements, this day	ing.) Pur	suant to	605.02
ument's effective date on the Department of State's records.	ny ming requirements, was de		not be	
record specifies a delayed effective date, but not an effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.r	n. on 1	the ea	arlier
ed 09/19/18	~ >			
	_			_
Signature of a member of authorized repres				

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Filing Fee: \$25.00