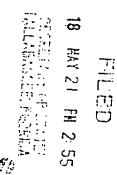
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Office Use Only



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O SIMMONS MAY 2 3 7018

# **COVER LETTER**

Division of Corpo	orations		
SUBJECT: <u>Fre</u>	SN Fish Exp. Name of Lina	ited Liability Company	<del>-</del>
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.	
	dence concerning this matter t		
	Julia	Same of Person	
	Tresh	Same of Person  The Express Firm/Company	LLC
	15284	SW 119 Th Tend	ace
	<u></u>	Mari FL, 33190 City/State and Zip Code	0
	E-mail address: (t	h2 Juli eta @ gmr	vil-wm fication)
For further information con	cerning this matter, please ca	•	·
	a Sanchez	at ( <u>205</u> ) <u>78840</u> Area Code Daytim	o <sup>C</sup> (7
Name of P	erson	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	©\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2001 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRESH Fish Ex	NG56		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lie	as it now appears on bility Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Company w	ere filed on	Florida	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
BEAUTIFULL	HET.	LLC	
The new name must be distinguishable and contain the words "Limited Liability	/ Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		بعد المستر	53
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office.	ce address on on	r records onter th	2 P
registered agent and/or the new registered office address here:	ee address on ou	records. Cher in	c name of the nev
Name of New Registered Agent:			<b>.</b>
New Registered Office Address:			
· · ·	Enter Florida s	areet address	
		Florida	
	City		Zip Code
May Posistored Apost's Construe if the said Designant A			

#### 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
			Add
			<b>⊞</b> Change
			—————————————————————————————————————
			ERemove 2
			[Eghange
			© Remove
		<u></u>	
			₩Add
			Remove
			Change
			bbAdd
			ERemove

•	
	27 FD D
Effec	tive date, if other than the date of filing:
(If an e	ffective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 ( 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) in	e 90th day after the record is filed.
Data	1 May 04 2018
Date	
	Signature of a member or atther 2st representative of a member
	Illia Francis
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00