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# **COVER LETTER**

	egistration Secti ivision of Corpo				
SUBJECT	T:	Beautity Name of Limi	Full Tiesh led Liability Company	<del></del>	
The enclos	ed Articles of Ar	nendment and fee(s) are subr	nitted for filing.		
Please retu	rn all correspond	ence concerning this matter t	o the following:		
			Julia Sarx	hez	
			Name of Jerson  Cirm Company		
				ucito To	) Wann
			15284 SW Address	<u>119 01 18</u>	<u>nace</u>
			Miomi F	FL, 33 K	76
		E-mail address: (i	weta@am		
For further	information con	cerning this matter, please ca	11:		
	Julia Name of P	Sanchez	at ( <u>305</u> ) Area Code	738760 Daytime Telep	
Enclosed is	s a check for the	following amount:			
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Cartified Copy (additional copy is encl		☐ \$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

Geauti-	Full Fish	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	ahy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000902-1</u> .	were filed on Miami FL	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3833 NE167th North Miami ( Thinda 33	ST Beach 160
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3833NE 167th North Miami F	ST -L,33160
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>enter the</u>	name of the new SECRETAR SIGN OF CO.
New Registered Office Address:		2990
	Enter Florida street address , Florida	8: <b>52</b>
	Cuy	ip 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:

<u>l'itle</u>	<u>Name</u>	Address	Type of Acti
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i effec <u>te:</u> Ti	e date, if other than the date of filing:	suant to 605.0 not be listed	0207 d as
reco he S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 10th day after the record is filed.	he earlie	r of
ed _	Junu 20 . 2018		
	( t + V		
	Signature of a member or authorized representative of a member  Tulica Sanchoz		

Page 3 of 3

Filing Fee: \$25.00