L18000155228

(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
\supset	In Faire R	outique, LLC	
SUBJECT: Del	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandy N	Name of Person	
	Belle Fanim	Boutique, LLC Firm/Company	
	1015 NE 133	3rd Street Address	
	North Miami Sandynoei35a	F1, 331(a) City/State and Zip Code Gmail: Com to be used for future annual report notification.	(jeston)
For further information c	oncerning this matter, please ca		incultury)
Sandy N Name o	oel	at (<u>754</u>) 201 - Q Area Code Daytime	OOQH e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	X \$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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Belle Fan'm Boutique, L	LC
	nv as it now appears on our records.) .nability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000155228</u> This amendment is submitted to amend the following:	were filed on 06/25/18 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
Beine Naturelle Beauty, LLC	
The new name must be distinguishable and contain the words. Limited Liabil	
Enter new principal offices address, if applicable:	633 NE 167th Street suite 514
(Principal office address MUST BE A STREET ADDRESS)	North Miami Beach, Fl 33162
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 612692 North Miami, F1 33261
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Florida
	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 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	Hernold Michel	20504 NW 14th Pl Miami, Fl 33169	
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			□Clunge
			⊐Add
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cord specifies a delayed s filed.			at 12:01 a.m. on the	earlier of: (b) The	90th day after the
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