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(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		





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S. PRAITE.

COVER LETTER

O: Registration Section Division of Corporations
URJECT: LOLO MIAMI COSMETICS LL Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Name of Person Pirm/Company (474 NW 103rd PSGE Address
City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (619) 246-2897 Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) \$60.00 Filing Fee, 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LO LO '	MIAMI COSME	TICS LL
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	· q.
The Articles of Organization for this Limited Liability Florida document number <u>1.1900167</u> This amendment is submitted to amend the following:	<u>-146</u>	and assigned
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		the abbreviation "L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>e</u> Idress here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
 -	City	Zip Code
and the state of t	-od Azonti	

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>	Name	Address	Type of Action
AMBR	Lorena Kungel	6474 NW 103rd PS Doral FL, 33178	(76 Add
	•		Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			□ Change
			□ Remove
			Change
			Add
			□ Remove
			Change

•				
_	Can you please add the EIN:	83	-1241	44.
	Thank you so much!			
- -	Lorence Range 7/23/2018			
_				
- -				
(If an effe <u>Note:</u>	'e date, if other than the date of filing:	ng.) Pursi		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.n 90th day after the record is filed.	n. on ti	he earlier	of:
Dated_	7/23/2018.	" '	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
	Signature of a member or authorized representative of a member	<u>.</u> 	JUL 27	
	Typed of printed name of signee Page 3 of 3	**	1: 44	
	i age o or o			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00