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### **COVER LETTER**

TO: Registration Section Division of Corporations
Division of Corporations  SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Share Smith Name of Person
Touch Of My Hural Beauty
Touchofrutura/beautyyegmail.com
For further information concerning this matter, please call:
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &

#### 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 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/16/2018 and assigned Florida document number 1800 16997

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2758 NN 167th Street Miami Gardens FL 37054
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2758 NW 167th Street Pilomi Goxdens FL 33054

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sharell Sm

New Registered Office Address:

Enter Florida street address

Mari Gardens

, Florida

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 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
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			Change
116R	Shena S BRUKIN	2758 NW 167th St Miami Goodens FL 330	\D Add
		Mami Gordens FL 330	≥ Y Remove
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CF ^ *-	e date, if other than the date of filing: (optional)		
an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	Pursuant to 60:	5.020
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	will not be list	ieu a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 00th day after the record is filed.	on the earli	ier c
ated	august 12, 2018.		
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	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00