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COVER LETTER

Division of Co			
	rie Beauty Lounge, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Angelina Otegui-Dubon		
Name of Person Mon Cherie Beauty Lounge, LLC Firm/Company 310 S. Marion Avenue Address Lake City, FL 32025 City/State and Zip Code lina.dubon@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lina Dubon 786 587-8002 at (Area Code Daytime Telephone Number) Enclosed is a check for the following amount: S25.00 Filing Fee \$\text{S55.00 Filing Fee & Certificate of Status} Certified Copy Certificate of Status			
	Mon Cherie Beauty Loui	nge, LLC	
		Firm/Company	
	310 S. Marion Avenue		
		Address	
	Lake City, FL 32025		
	lina.dubon@hotmail.com		
	E-mail address: (to be used for future annual report notifi-	cation)
For further information	concerning this matter, please co	all:	
Lina Dubon			
Name	of Person		Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee			■ \$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

Mon Cherie Beauty Loung, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on Julyu 31, 2018	and assigned
Florida document number L18000183883		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	e_abbreviation "L.L.C."
Enter new principal offices address, if applicable:	310 S. Marion Avenue	. 0
Principal office address MUST BE A STREET ADDRESS	Lake City, FL 32025	VISION VISION
		6 00 00 00 00 00 00 00 00 00 00 00 00 00
Inter new mailing address, if applicable:	310 S. Marion Avenue	6.00 1.000 1.0000 1.0000
Mailing address MAY BE A POST OFFICE BOX)	Lake City, FL 32025	0: RAIX
		03
 If amending the registered agent and/or registered egistered agent and/or the new registered office address h 		er the name of the
221 5 1 1		
Name of New Registered Agent:		
	ion Avenue	
240 C. Mad	ion Avenue Enter Florida street address	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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August 2 ffective date, if other than the date of filing:	27, 2018 (optional)	
an effective date is listed, the date must be specific and cannot be priore: If the date inserted in this block does not meet the appl	ior to date of filing or more than 90 days after filing.) Pursuant to 6	
ocument's effective date on the Department of State's record		15100
e record specifies a delayed effective date, but r The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the ear	dier
The sour day area the vector is meg.		
ated		
	<u> </u>	
Mariano Julin 2	thorized representative of a member	