118000198826

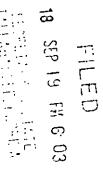
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SEP - 1 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EMbragas Love Personal Carlo?. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mimberly Lee Name of Person
FirmCompany
4430 NW WIT PL Apt L105
Phitalian Florence 33313
F-mail address: (to be used for Julian annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Dayring Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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
2001 Executive Center Circle
Tallahassee, F1, 32501

State of Florida Department of State

Lecrtify from the records of this office that EMBRACING LOVE PERSONAL CARE LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on August 20, 2018, effective August 15, 2018.

The document number of this company is L18000198826.

I further certify that said company has paid all fees due this office through December 31, 2018, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

Authentication Code: 180820150952-200317186852#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of August, 2018

OR

Ken Detzner Secretary of State

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Embracing Love Derson Name of the Limited Liability Comp. (A Florida Limited	Oct CO2C any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000198826</u> .	y were filed on $\frac{8}{20}$ $\frac{2018}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC." 4430 NW 104h PL APT. L105 Plantation F1, 33313
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent: HIME New Registered Office Address: 4430	NWINT PL OPTLIUS Enter Florida street address
Pland	City Florida 33313 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>val</u>	himberly Lee	4430 NW 104 PL Apt 1 PENTALION, F1 3313	LLOS MAdd
	·	Photohon, F1 3313	Z Cmove
			Change
<u></u>		<u></u>	Add
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			□ Change

Effective date, if other than the date of filing: (optional) (an effective 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 oil 50 kine; (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed incument's effective date on the Department of State's records. (be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed. Signature if a member is authorized representative of a member.						
Effective date, if other than the date of filing: [In effective 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 605.02 Sotte: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.		·····				
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Kimi-Ro			but not an ef	fective time, at	12:01 a.m. on	the earlier
Signature of a member re, authorized representative of a member	ated $9/15/2018$	 -				

Page 3 of 3

Filing Fee: \$25.00

State of Florida Department of State

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Ken Detzner Secretary of State