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2018 NOV 26 AM 7: 51

C COLDEN

## **COVER LETTER**

_	stration Section ion of Corporations		
SUBJECT:	<u> 7HE</u>	FACIAL	STUDIO, LLC.
		Name of Lim	ited Liability Company
Dear Sir or M	ladam:		
The enclosed	Registered Agent/Re	gistered Office Chan	ge and fee(s) are submitted for filing.
Please return	all correspondence co	oncerning this matter	to the following:
	ara Mc Name of P	Vean Person	
THE FA	ACIAL STU Firm/Com	DIO LLC pany	
2150	Shadow Address	Rodge D	<u>R.</u>
Dely	Gity/State and	3272 Zip Code	<u>5</u> _
	mcvean c		
E-mail a	iddress: (to be used fo	or future annual repor	t notification)
For further in	formation concerning	this matter, please ea	all:
_Tar	MW40 Name of Person	<u>au (3</u>	86) 837 3706 Area Code & Daytime Telephone Number
Regis Divis Clifte 2661	EET/COURIER ADISTRATION Section ion of Corporations on Building Executive Center Cir hassee, Florida 32301	cle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Encle	osed is a check for th	e following amount	:
<b>≥</b> \$2.	5 Filing Fee		□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2018 NOV 26 AM 7: 54

THE FAC	JAL	STUDIO A	LLC	Service Services
( <u>Name of the Limited L</u> (A F	iability Compa lorida Limited	any as it now appears on Liability Company)	our records.)	TALLAHASSEE, F
The Articles of Organization for this Limited Liabil Florida document number <u>L180002203</u>	lity Company 365 <sub>.</sub>	y were filed on	9/17/18	and assigned
This amendment is submitted to amend the following	ng:			
The Articles of Organization for this Limited Liability Company were filed on				
The new name must be distinguishable and contain the words	"Limited Liab	ility Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>v)</u>			
B. If amending the registered agent and/or in registered agent and/or the new registered office	registered o address her	office address on ou re:	ir records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida :	street address	
_		City	Florida	Zio Code
New Registered Agent's Signature, if changing Regis	stered 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 a'mending 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
AMBR	TARA MUEAN	2150 Shadow Ridge DR	- Madi
		Deltona 76, 3272	
			Change
		<del></del> -	Remove
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Iffective date, if other than the date of filing: Sept 1976 2018 (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 605 020 days. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occument'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 of the 90th day after the record is filed.  Separate No. 155 2018							
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