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Office Use Only



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SECRETALIASSEL LEGAD

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JUN 2 5 2019 S. YOUNG

# **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: CX C Beauty LLC 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:  |
| Christian Torres Coll Name of Person   |
| CXC Beauty<br>Firm Company   |
| 610 Spring Valley Red.   |
| Altamonte Springs FLoridu 32714  City/Slate and Zip Code  Christian Coll Qicloud.com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee.  Certificate of Status \$\Bigcup \\$(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 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Limbility Company as it now appears on our pecords )   |  |
|---|--|
| (A Florida Limited Liability Company)   |  |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{O2/25/20/9}{A}$ and assigned   |  |
| Florida document number <u>L/9600053741</u>   |  |
| s amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  er new principal offices address, if applicable: |  |
| ument number  |  |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |  |
| Enter new principal offices address, if applicable:   |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |
|   |  |
|   |  |
| Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   |  |
| 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:   |  |
| New Registered Office Address:  |  |
| 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 = Manager

AMBR = Authorized Member

| Title            | <u>Name</u>          | Address   | Type of Action |
|------------------|----------------------|---|----------------|
| president<br>MGR | Christian TorresColl | 610 Spring Valley BJ. Alternoonespriger Add Florida 3714 Remove |                |
|                  |                      | Florida 3714  | □ Remove       |
|                  |                      |   | Change         |
|                  |                      |   | Add            |
|                  |                      |   | □ Remove       |
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|                  |                      |   | □ Remove       |
|                  |                      |   | Change         |

| E. Effective date, if other than the date of filing:  (If 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 6/65,0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the record is filed.  Dated Ob - 11 - 19  Agrange of member or authorized representative of a member.  Arthory. When | •                   |  |
|--|---------------------|--|
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|  | Dal                 |  |
|  |                     |  |
| 1.1)   |                     | Signature of a member or authorized representative of a member   |
|  |                     | 1-11   |

Page 3 of 3

Filing Fee: \$25.00