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A. RIVERS

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Laura Mansor	n Beauty, LLC	
30b///C1.	Name of Lim	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Laura Catherine	
		Name of Person	
		Firm/Company	<del></del>
		9179 Flint Ct	
		Address	
		Naples, FL 34120	
	1.00	City/State and Zip Code	
		MedicalTattoo@gmail.com to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Laura Catherine		at ( <u>239-249-2259</u>	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
<b>№</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	<u>Street Address:</u>	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	-
Tallahassee, F		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laura Manson Beauty LLC

(Name of the Limited L	ability Company as it orida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liabil Florida document number		iled on	and assign	ned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability co	ompany here:		
	therine, LLC			
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," the designation "LLC" or the	abbreviation "L.L.C	<b></b>
Enter new principal offices address, if applicable	: _106	61 Airport Rd, Suite 💋 🕢	)	
(Principal office address MUST BE A STREET A	DDRESS) Naj	oles, FL 34109		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.		79 Flint Ct ples, FL 34120		.=
B. If amending the registered agent and/or regis			ainic of the bew r	egister
agent and/or the new registered office address h  Name of New Registered Agent:	aura Catherine		OCT 28	可に
New Registered Office Address:			<b>原の</b> 字	
		Enter Florida street address , Floriāa	08/16 08/16/16	
-	Ci		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>	<u>Name</u>	Address	Type of Action
MGR	Laura Catherine	9179 Flint Ct. Naples, FL 34120	
1161			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
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