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(Document Number)	—
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	lestial Beauty Name of Clin	Lounge & Lashes &	<u>u</u> c
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		le, Thao Name of Person	
	Celestial Be	auty lounge & lashes Firm/Combany hington Rd. Melboury Address	uc
	3110 Lake Was	hington Rd. Melbourn	ne, FC 32934
		City/State and Zip Code	
	E-mail@ddress: (e 1420@ gmail · Com to be used for futer annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Name o	D Le	at (<u>407</u>) <u>421 - Area Code</u> Daytime	1531 Telephone Number
Enclosed is a check for the	he following amount:		
\$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: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Celestial Beauty lounge	flashes IC.	
(Name of the Limited Liability Compa (Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000/102.75</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3144 Lake Washington Rd	
(Principal office address MUST BE A STREET ADDRESS)	3144 Lake Washington Rd. Melbourne, FL 32934	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3146 lake Washington Rd. Me bourne, FC 32934	_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter the name of the e: SECSON AH	new
	Enter Florida street address	10 2 3 Carrier 10 2 3
	, Florida	-
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code 5	

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
AMBR	TRAN TUAN ANH Q.	14105 (005a Ct	Add
		Cleamont, FL 34711	Remove
AMBR	Le Thao Xuan Thi	15778 Sweet Umetta Dr.	Add
		Winter Garden, FL 34787	□ Remove
			Change
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<u>)te:</u> 13	the date inser	ter than the date d, the date must be sp rted in this block do date on the Departn	oes not meet th	ie applicable stat	f filing or more than tutory filing require	(optional) 90 days after filing.) I ements, this date w	Pursuant to 605.0207 ill not be listed as
reco The 9	ord specifies Oth day aft	s a delayed effe ter the record is	ective date, s s filed.	but not an ef	fective time, a	t 12:01 a.m. or	n the earlier of
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