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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>G</u>	ddess Skir	Care line ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
_	Francois Solid Fir	Name of Person Ancial 20160 Firm/Company	gmail.com
	5980 N	IW QUTh CC	art size
	Margate	City/State and Zip Code	<u>63</u> 第55
	Solid Fine E-mail address:	incia 12016090 to be used for future annual report notif	MINIS -9 PM 3:23
For further information c	oncerning this matter, please c	all:	7072
Name o	Person	at (<u>/ 86)</u> <u>JO U</u> Area Code Daytine	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	▼ \$30.00 Fiting Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ν.	Street Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wedding Catering and Events by Alexandra LU
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	war flad on 7/08/3	2010 and assigned			
Florida document number $\frac{19000175774}{}$	were med on	- industigned			
This amendment is submitted to amend the following: Nac	ne Change 07	the business			
A. If amending name, enter the new name of the limited liabi	lity company here:				
GoddessSkin Care line	LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	5980 NW) SHITCOURL			
(Principal office address MUST BE A STREET ADDRESS)	Margate Fr	<u> </u>			
	<u>J</u>	<u> </u>			
Enter new mailing address, if applicable:	Same				
(Mailing address MAY BE A POST OFFICE BOX)		9 .			
(Stating datess MAT BE AT OST OFFICE DOX)		30 9 [1]			
		<u> </u>			
B. If amending the registered agent and/or registered office a	address on our records, ents				
agent and/or the new registered office address here:	the control of the co				
Name of New Registered Agent:					
<u> </u>					
New Registered Office Address:	Futav Florida etraat addı	vaex			
	Enter Florida street address				
	, I	lorida Zip Code			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, or provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is			
accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605 address, I hereby confirm t), F.S. Or, if this document is hat the limited liability			

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>	Name	<u>Address</u>	Type of Action
Mgr	Stephanie Fran	xois 8201 NW 715tave Tamrace F.C 33321	12 Add
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Effective date, if other the If an effective date is listed, the Note: If the date inserted i document's effective date of	date must be spec n this block doc	erfic and cannot be as not meet the r	e prior to date of fili applicable statuto	ing or more than 90		g) Pursuant to (
e record specifies a delayed rd is filed.	effective date, l	but not an effec	tive time, at 12:0	I a.m. on the earl	ier of: (b) T	he 90th day a	fter the
Dated 7/26	2	<u>_, 2c</u>	21				
	\bigcap	Jr.	e O		\nearrow		
	Signatu	re of a member o	i authorized repres-	entative of a membe	er		

Filing Fee: \$25.00