## L19000 205612

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## **COVER LETTER**

	Registration : Division of C				
eud ica	Lighkt, L	LC			
SUBJEC	.l:	Name of Lin	ited Liability Company	<del>-</del>	
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corres	pondence concerning this matter	to the following:		
		Cristofer A Bennardo			
			Name of Person		
		Padula Bennardo Levine,	LLP		
			Firm/Company		
		3837 NW Boca Raton Blv	d. Suite 200		
			Address		
		Boca Raton, FL 33431			
			City/State and Zip Code		
		cb@pbl-law.com			
			to be used for future annual report notif	ication)	
For furth	er information	concerning this matter, please c	all:		
Cristofe	r A Bennardo		561 544-8900 at ( )		
	Name	of Person		Telephone Number	
Enclosed	l is a check for	the following amount:			
<b>■ \$25</b> .	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 Addr Registration	· <del></del>	Street Address: Registration Sec	tion	
Division of Corporations		Corporations	Division of Corporations		
	P.O. Box 63 Tallahassee.		The Centre of Ta	allahassee Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lighkt, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability (Florida document number L19000205672	Company were filed on August 13, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Lighki Beauty Plus, LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	700 JUL 0500 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAR JOE STATE
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
		lorida
	City	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 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
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			□Remove
			□ Change
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this bloddocument's effective date on the Department.	be specific ar ck does not	nd cannot be pr meet the app	licable statuto	ing or more than ory filing requir	(option 90 days after fil ements, this d	ling.) Pursuan	1 to 605.02 be listed	:07 (3 as th
e record specifies a delayed effective rd is filed.	date, but no	ot an effective	time, at 12:0	l a.m. on the e	arlier of: (b)	The 90th da	ay after th	ne
Dated June 5		2020	·					
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Filing Fee: \$25.00