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(Business Entity Name)	
(Document Number)	12/23/1901049007 **25.00 ≧∰ ₫
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations

America Home Decors Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

America Home Decors Firm/Company 1504 Bay Road # 701 Miami Beach FL 33139 City/State and Zip Code E-mail address: (to be used for future applied report notification)

For further information concerning this matter, please call:

at (323) 304-7403 Area Code Daytime Telephone Number Ameala Kirlew Name of Person

Enclosed is a check for the following amount:

12 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fcc & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A TO		
ARTICLES OF OF		
OF		
- America Home Dea	Urs LLC.	
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w	erc filed on 10 9 19	and assigned
Florida document number <u>119000254060</u>	1 1	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability</u>	ty company here:	
Bude Gat Beauty ILC. Rude	Gal Beauty LLC	مى
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1504 Bay Road # Miami Beach, FL	5701
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL	3:3:1:39-:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Na	
		(D)
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	aZip Code
	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 th 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 addee or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			Change
			🗋 Add
			🗆 Remove
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			🗆 Remove
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			🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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	12/19/19
	11-D>
	Signature of a member or authorized representative of a member
	Amegla Kirlen
	Turved or winted name of signer

Typed or printed name of signee