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COVERLETTER

TO:

Registration Section Division of Corporations

SUBJECT: Blauthful Goddess Essectials LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Unita L. Ivory-Bush Name of Person
Blantiful Goddess Essertials LLC
4553 Skylet Jean Drive
Jacksonylle, FL 32244 CityAtate and Zip Code
<u>Bandlessessentals (ayahoo-Com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Moita L. Trong-Bush at AD4, 250-6677 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$60.00 Filing Fee. \$\B
Mailing Address: 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Ivanic v) to Finite	(A Florida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Lis Florida document number <u>L300003</u>	ability Company were filed on 1	and assign
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applica	ıble:	202
(Principal office address MUST BE A STREE	T ADDRESS)	0 <u>A</u>
		} } } • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		F. 6
B. If amending the registered agent and/or reagent and/or the new registered office address	• •	cords, <u>enter the name of the new r</u>
Name of New Registered Agent:	Unita L. Iv	ory-Bish
New Registered Office Address:	Enter Flori	da street address
		. Florida
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of A
<u>vp</u>	JAZMINS. BUSH	105535Kyle(Jean Drive	🗆 Add
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		Jacksonille, Fr 32044	□Remo
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an effective date is	other than the date listed, the date must be s inserted in this block of	pecific and car	mot be prior to	date of filing o			ling.) Pur:	
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Filing Fee: \$25.00