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# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BCAUTY BAV 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:
Jasmine Labbe
Name of Person
Firm/Company
507 S7th Street WPBF
W.P.B F.L 33407 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Josmine Labbe at SU1 5 62-1088  Name of Person Area Code Daytime Telephone Number
The code 12dy time receptione realises
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A F	ability Company as it n orida Limited Liability (	ow appears on our record company)	5.)
The Articles of Organization for this Limited Liabili	ity Company were fil	ed on <u>9-13-2</u>	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the LDL Beauty Bay LLC			
The new name must be distinguishable and contain the words	"Limited Liability Compa	any," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> 50</u>	721101	est palm bout
(Principal office address MUST BE A STREET AL	DRESS) + C		
Enter new mailing address, if applicable:			202
(Mailing address MAY BE A POST OFFICE BOX	<u></u> -		FB. 89 275
			20 PO #1000
B. If amending the registered agent and/or registe	ered office address (	on our records, <u>enter t</u>	the name of the new registere
agent and/or the new registered office address her	<u>e:</u> Jasmine		0: 25 ); FL
Name of New Registered Agent:	Jasmine	_ Labbe	
New Registered Office Address:			
		Enter Florida street address	
		, Flor	
	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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ffective d	te, if other that late is listed, the d	late must be s	pecific and car	ınot be prior to	date of filing	or more that	ı 90 days afi	<b>tional)</b> ter filing.)	Pursuant	to 605.
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