L20000 17/181

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	gistration Se vision of Cor			
SUBJECT:		nisex Studio LLC	•	
	-		ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Audy Stephen		
			Name of Person	
		Flawless Unisex Studio LI	.C	
			Firm/Company	
		99 NW 183rd Street Suite	118b	
			Address	
		Miami, Florida 33169		
			City/State and Zip Code	
		NUNATION 8	O G M A I L , CO M to be used for future annual report notification)	
For further i	nformation co	oncerning this matter, please ca		
Audy Steph	ien		786 488-7658	
	Name of	Person	at ()	ne Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	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)
Re	uiling Address	Section	Street Address: Registration Section	
Di	vision of C	orporations	Division of Corporatio	ns

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

Flawless Unisex Studio LLC

2000.00 13 PM 4:38

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability of Linda document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		<u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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>	<u>Address</u>	Type of Action
Mgr	Audy Stephen	2830 Filmore St. Suite 9 Hollywood Fl 33020	∰Add
			□Remove
			□Change
			🗆 Add
			□Remove
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ective date, if other than	tha data af fili	!a.			/ At 15	
effective date is listed, the date e: If the date inserted in this	must be specific a s block does no	and cannot be prio t meet the appli	cable statutory	or more than 90 c filing requireme	_ (optional) lays after filing.) I ents, this date w	Pursuant to 605.020 fill not be listed a
ument's effective date on the	e Department of	f State's records				
cord specifies a delayed effe s filed.	ctive date, but n	iot an effective t	ime, at 12:01 a	m. on the earli	er of: (b) The	90th day after the
June 15		2020				
ed			·			
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