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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: bougie beauty Cosmetics, 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:

Erika Lewis

Name of Person

bougie beauty cosmetics, LLC

Firm/Chapany

4380 NW 35th Terrace

Address

fort lauderdale fl 33309

City/State and Zip Code

erikalewis 596 yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Lewis	at (954) ROI - 4113
Name of Person	Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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**

The Articles of Organization for this Limited Liability Company were filed on 6/88/80 Florida document number Labooo17aa38

e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRES:	<u> </u>	
er new mailing address, if applicable:		
uiling address MAY BE A POST OFFICE BOX)		
C. C. C.	fice address on our records, <u>enter the na</u>	me of the new ro
C. C. C.	fice address on our records, <u>enter the na</u>	me of the new re
nt and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, enter the na	me of the new ro
nt and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	(-2)
Name of New Registered Agent:		(-2)
	Enter Florida street address, Florida City	(-2)

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Erika Lewis	4380 NW 35th Terr	j _[Add
		fort lauderdale, fl	□Remove
		33309	□Change
ambr	<u>Erika</u> Lewis	9380 NW 35th Ter	🗆 Add
		fort lauderdale if 133	309/Remove
			□Change
			□Add
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing:	207 (3) as the
he 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 ord is filed.	he
Dated September 17 aoal.	
Signature of a member or authorized representative of a member	
Erika Lewis Typed or printed name of signee	