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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: VOUDCOUTE IC  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:
BUHN POURQUEZ FOLIX
Youbeatle 11 C Firm/Company
4631-tumble weef-treul=103
Hampa F-1 33413  City/State and Zip Code  Ruth Felix Ohd Mary (And Fermal address: (to be used for future annual report politication)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Puth Prung 167 Felix at (813), 504-0972  Area Code Daytime Telephone Number
The a code Dayume Telephone Bullion
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Status S55.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) S60.00 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

Youbeautie IIC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 111 12th 20 Florida document number 12100310223.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:	me of the new registered
Name of New Registered Agent:	
New Registered Office Address:	<del>-</del>
Enter Florida street address	<u> </u>
	Zip Code
New Registered Agent's Signature if changing Degistered Agents	

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 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
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record specific is filed.	es a delayed effect	live date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
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		Signature of a		red representative of		

Filing Fee: \$25.00