

JUL 24 2009

FILE NO. L-1524662-7

ARTICLES OF AMENDMENT
Pursuant to A.R.S. 29-633 (F)

1. The name of the limited liability company is:

Enhance your Beauty LLC.

2. Attached hereto as Exhibit A is the text of the amendment.

Dated this July day of 22, 2009.

Signature: Michele Jefferson

Print Name: Michele Jefferson

Check One: ☐ Member ☒ Manager

DO NOT PUBLISH THIS SECTION

The amendment must be executed by a manager if management of the limited liability company is vested in a manager or by a member if management is reserved to the members.

EXHIBIT A

(Insert the text of the amendment)

① The Address has changed - to
19420 N 59th Ave. Suite 11
Glendale, AZ. 85308.

② I need to remove Ricardo Jefferson
AS a member - He will no longer
be on the L.L.C. (9007 W. Bluefield
Ave. Peoria, AZ. 85389)

③ I need to add Patricia Farris as a
member. (Address 6203 W. July Dr.
Glendale, AZ. 85308)

④ Purpose of this Professional L.L.C. -
need to add Beautician & manicures/
nail services - (Along with permant
make-up)



ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION

**GENERAL FILING INSTRUCTIONS
FOR ARTICLES OF AMENDMENT
OF DOMESTIC LIMITED LIABILITY COMPANY OR
PROFESSIONAL LIMITED LIABILITY COMPANY**
Pursuant to A.R.S. 29-633 (F)

Articles of Amendment

- ☐ Indicate the current exact name of the limited liability company.
- ☐ Indicate the Article(s) that has been amended, in the text of the Amendment or attach as an Exhibit the text of the amended articles.
- ☐ The amendment must be signed by a manager if the limited liability company is managed by one or more managers, or by a member if the limited liability company is managed by its members.

Fees

- ☐ Enclose appropriate filing fees. Filing fee \$25.00. Expedited service is available for an additional \$35.00 fee. Make check payable to the Arizona Corporation Commission.

Publication

- ☐ Within 60 days after the Commission has approved the filing, you must publish the Articles of Amendment in a newspaper of general circulation in the county of the known place of business in Arizona, for three (3) consecutive publications. **DO NOT PUBLISH UNTIL THE COMMISSION APPROVES THE FILING.** A list of acceptable newspapers in each county will accompany the approval letter and is posted on the Commission website at: www.azcc.gov/Divisions/Corporations. The limited liability company may be subject to dissolution if it fails to publish. **You must file with the commission the affidavit of publication you will receive from the newspaper.**

NOTE: Publication is not required if amendments to the Articles of Organization concern only: the name or address of managers or members; known place of business address of the LLC; or name or address of the statutory agent. A.R.S. §29-633(F).

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET**

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

ARE YOU FILING: ☐ New Entity ☒ Change to existing entity ☐ Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: Enhance Your Beauty LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 75.00
<input type="checkbox"/> Articles of Organization (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for New Authority	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for Registration	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$185.00
<input checked="" type="checkbox"/> Articles of Amendment	<input type="checkbox"/> \$ 25.00	<input checked="" type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Correction	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Affidavit of Publication	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> CORPORATIONS - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each () (Enter Quantity)	<input type="checkbox"/> \$40.00 () (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

☒ Check Check # 121 Check Amount \$ 60.00
☐ M.O.D. Account MOD Acct # _____ Mod Amount \$ _____
☐ Cash Cash Amount \$ _____
☐ Credit Card -- for in-person filings only CC Amount \$ _____
☐ No fee required

SELECT ONE RETURN DELIVERY OPTION: ☒ Mail ☐ Pick Up ☐ Fax # () _____

REQUIRED: Please list the person or company who will be picking up the completed documents.

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY TWO WEEKS).

Person or Company Name: _____ Phone Number: _____
 Michele Jefferson (623)271-1791
 Address: _____
 9007 W. Bluefield Ave
 City: _____ State: _____ Zip: _____
 Glendale AZ. 85382

FOR ARIZONA CORPORATION COMMISSION USE ONLY	
PICK-UP BY: _____	DATE: _____

View current process times at: www.azcc.gov/Divisions/Corporations

