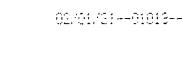
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| Special Instructions to | Filing Officer: | |
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| | | WAX BEAUTY LOUNGE L | l C | ē. |
| SUBJE | ECT: | | | |
| | | Name of Lim | nited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | amitted for tiling | |
| | | indence concerning this matter | _ | |
| | | The state of the s | with following. | |
| | | PRIYA SANKAR | | |
| | | | Name of Person | |
| | | RELAXES WAX BEAUT | Y LOUNGE LLC | |
| | | | Firm/Company | - |
| | | 2410 NW 110TH AVENU | Œ | |
| | | | Address | |
| | | SUNRISE, FL 33322 | | |
| | | | City/State and Zip Code | |
| | | Prima1082@aol.com | | |
| | | E-mail address: (| to be used for future annual report no | tification) |
| For fur | ther information c | oncerning this matter, please c | all: | |
| SHAL | INDA MANGRU | | 813 373-3384 | |
| | Name o | f Person | at () Area Code Daytii | me Telephone Number |
| | | | | |
| Enclos | ed is a check for th | ne following amount: | | |
| ■ \$2. | 5.00 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 tadditional copy is enclosed |
| | | | | |
| | Mailing Addres Registration 5 | | Street Address: Registration Section | |
| | Division of C | | Division of Corporations | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| | Tallahassee, f | FL 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION - | AH 7: 4| OF

RELAXES WAY BEAUTY LOUNGE LLC

(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 11/30/2020 | and assigned |
|--|--|---|
| Florida document number L20000373507 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| RELAXED WAX BEAUTY LOUNGE LLC | | |
| The new name must be distinguishable and contain the words "Lir | nited 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 | <u>RESS)</u> | <u> </u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | ed office address on our records, <u>enter t</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| The street of the street stree | Enter Florido street address | |
| | . Flo | rida |
| | City | rida Zıp Code |
| New Registered Agent's Signature, if changing Registere | ed Agent: | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change. | complete performance of my duties, and igent as provided for in Chapter 605, F ed office address, I hereby confirm tha | d Lam familiar with and E.S. Or, if this document is |
| | | |

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 |

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| (1) an effective date is listed, the date must be specific ar | ng: |
| he record specifies a delayed effective date, but mord is filed. | of an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the |
| Dated January 26 | 2021 Regional Com |
| V | i member or authorized representative of a member |
| PRIYA SANKAR | Typed or printed name of signee |

Filing Fee: \$25.00