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(City/	State/Zip/Phone	: #)
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(12/11/2023

COVER LETTER

	ion Section of Corporations		
SUBJECT:	ROCKStar INK & AC	isthetics LLC	
	Name of Limite	d Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are submi	itted for filing.	
Please return all co	orrespondence concerning this matter to	the following:	
	Anali	ise Aibson	
	<u>-</u>	Name of Person	
	Rocks	itar Ink & Acothe	tics.
		Firm/Company	
	216 5 M	Tacpill Avenue.	
		Address	
	Tampo	a, FL 33609 City/State and Zip Code CKstarlashes.com	
	n (a) a	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	! lication)
For further inform	ation concerning this matter, please call	1:	
Ana	list Gibson	\$13 . 528-5	ዛ ⊀ለ
	Name of Person	at (<u>613</u>) <u>528-5</u> Area Code Daytim	e Telephone Number
Enclosed is a chec	ck for the following amount:		
□ \$25.00 Filing	Fee S30.00 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
	Address:	Street Address:	ation
Kegistr	ation Section	Registration Se	CHOIL

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Rockstar Ink & Ae	sthetics.	110.	2023 NOV 27 PH 5: 2	28
(Name of the Limited Liability Compa (A Florida Limited I			TAL	
The Articles of Organization for this Limited Liability Company	were filed on <u>f</u>	may 2016	and assigned	
Florida document number <u>UI (40000 711 80</u> .		J		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company h	ere:		
Rockstar lashes LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the o	designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			Ivenue	
(Principal office address MUST BE A STREET ADDRESS)	<u> 7amp</u>	<u>a, FL 336</u>	09	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our i	records, <u>enter th</u>	e name of the new register	<u>red</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	orida street address		
		, Flori	da	
	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:

or remo	oved from our records:		
MGR =	- Manager		
AMBR	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
		☐ Change	
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. 11 amen •	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effectiv	e date, if other than the date of filing: November 23, 2023 (optional)
(If an effective Note: 1	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the office of the date on the Department of State's records.
the record ford is file	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 d.
Dated _	November 20 . 2023
	Signature of a member or authorized representative of a member
	Analise Choson.
	Typed or printed name of signee

Filing Fee: \$25.00