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SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return a	all correspo	ndence concerning this matter	to the following:			
		Laura Williams				
			Name of Person			
		Allo Beauty				
			Firm/Company	 		
		1960 W Pebble Path				
			Address			
		Vero Beach, FL 32963				
			City/State and Zip Code			
		chasewill@gmail.com E-mail address: (to be used for future annual report no	otification)		
For further inf	ormation co	oncerning this matter, please ca	all:			
Chase Williams			561 309-1266			
	Name of	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 Fi.	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enabled)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
			Street Address:	getion		
	Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations					
P.O. Box 6327						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allo Beauty 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 6/24/16 Florida document number <u>L16000121782</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CLEJ Asset Management LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Aḋd
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Note: If the date in:	ther than the date of sted, the date must be specificated in this block does to date on the Departmen	not meet the application	to date of filing or more able statutory filing re	doptiona than 90 days after filinequirements, this da	d). ng.) Pursuant to 605.0207 te will not be listed as
he record specifies a coord is filed.	clayed effective date, bu	t not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated April 12th		2022			
	Jaura J Signature	Viller of a member or author	vized representative of	a member	
I 111	Olliana.				
Laura W	mams		d name of signee		

Filing Fee: \$25.00