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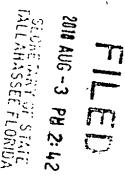
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COVER LETTER

TO: Registration 8 Division of Co				
SURJECT: FACE	e Glam Studio Name of Lin	LLC		
CODUCET:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for tiling.		
Please return all corresp	condence concerning this matter	to the following:		
	Ao	ya <u>Shina</u> Name of Person		
		Firm/Company		
	90	80% 1941 Address		
	Ari	Coclic FL 34265 City/State and Zip Code growl.com to be used for future annual report notif	 	LESA A
	asyadwa	gmail.com		HASSE HASSE
	E-mail address:	(to be used for future annual report notif	ication)	
For further information	concerning this matter, please of	rall:		3 PH 2: 42 SEE FLORIDA
Aoya v	Phiso of Person	at (<u>94/</u>) <u>1061- C</u> Area Code Daytime	827 Telephone Number	2011 AUG -3 PH 2: 42 SECRETARY OF STATE TALLAHASSEE FLORIDA
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certified C	of Status &
Regis Divisi P.O. f	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ntions	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Faco Glam Studio, LIC	
Face Glom Stadio, LCC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
(A Fronta Dantett E.	aomiy Company)
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{2/08/2018}{}$ and assigned
Florida document number <u>L/800035457</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	501 Washington Street
(Principal office address MUST BE A STREET ADDRESS)	501 Washington Struct Arcedia, FL 34266
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 here:	
Name of New Registered Agent:	
New Registered Office Address:	AHA AUG
	Enter Florida street address
	m _C
• -	City Florida 777:
New Registered Agent's Signature, if changing Registered Agent:	RIDA RIDA
Thereby 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 p	erformance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as pr	ovided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office a	aaress, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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 removed to	in our records.		
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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