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of 4/27/2022

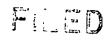
COVER LETTER

то:	Registration Se Division of Cor			
SUBJEC	RW BEAU	TYBAR LLC		
SOBJEC	~1. <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CHARLES, WILNA		
			Name of Person	
			Firm/Company	
		1411 SW 98TH AVE		
		Pembroke Pines, FL 33025	.	
		`.f. ()	City/State and Zip Code	
		info@rwbeautybar.com E-mail address: (to be used for future annual report notification	ation)
For furth	er information e	oncerning this matter, please ca	all:	
CHARL	ES. WILNA		754 204-6075 at ()	
	Name o	f Person		elephone Number
Enclosed	l 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 (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	on

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



2022 APR 27 PH 12: 27

RW BEAUTY BAR 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 04/24/2018

and assigned Florida document number L18000102591

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRES NOIR 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

1411 SW 98TH AVE

PEMBROKE PINES

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida ³³⁰²⁵

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

<u>Title</u>	<u>Nume</u>	Address	Type of Action
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			□ Remove
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ffective date, if	other than the date o	of filing: APRIL 28TH		(optional)	
an effective date is:	listed, the date must be spec nscried in this block doe	cific and cannot be prior to es not meet the applicab	o date of filing or more the	nan 90 days after filing.	Pursuant to 605,020
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