## 19000 034613

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## **COVER LETTER**

10: Registration 8 Division of Co		•		
SUBJECT: \(\frac{1}{\text{N}}\)	0110 100001	ab LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		SECOND TO THE SE
	Vala	Name of Person		百多
	Noire B	PEANTY LAB Firm/Company		2024 JAN 16 PH 2: 19 SECRETARISTS SEE FILE
	2727 Ap	allachee PKW	1 #406	, (4)
	Tallahassee	FL 32301 City/State and Zip Code		
		e beautylab. Com to be used for future annual report noti	tication)	
For further information of	concerning this matter, please ca	all:		
Valansha Name	Frazier of Person	at ( 904 ) 534 · Area Code Daytin	8377 ne Telephone Number	<u> </u>
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre		Street Address:	ation	
Registration	Section	Registration Se		

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Noire Beauty Lak	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L19000034613</u>	impany were filed on $2/4/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:
Halo Essentials <del>LLG</del>	R HAIN LLC  d Liability Company," the designation "L.L.C."
	d 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 ADDRE	<u>SS)</u>
	10. 5.
	2024 TA
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	>2: 0
	mari 🚆 siii
B. If amending the registered agent and/or registered o	office address on our records, enter the name of the new registere
igent and/or the new registered office address here:	Fig. $\infty$
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person, being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			⊡Add
			□Remove
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Tective date, if other than the date of filing: (optional)  in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant r	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not becoment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is filed.	after the
ated January 8 2024	
Signature of a member or authorized representative of a member	
Valarisha Frazier Typed or printed name of signee	_