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| (Requestor's Name)                      |
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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   | •   |  | 111  |
|--|---|---|--|------|
| SUBJECT: QUPQ                          | on's WEH  | Alsthetics & I  | beauty Essential   | IS   |
| The enclosed Articles of               | Amendment and fee(s) are sub-                   | mitted for filing.  |  |      |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |  |      |
|  | Kaisha  | Name of Person  | nes  |      |
|  | Queens W  | EH Aesthetics   | ¿ Beauty Essent  | ials |
|  | P. D. Box                                       | 8503<br>Address   |  |      |
|  | Tampa   | F1 33674  |  |      |
|  | E-mail address: (1                              | when used for future arrival report notif                           | ication)   |      |
| For further information of             | concerning this matter, please ca               | all:  |  |      |
| Kalshar<br>Name o                      | un Khanes of Person                             | at 83 - 784 - Daytime   | 9057 Telephone Number  |      |
| Enclosed is a check for t              | he following amount:                            |   |  |      |
| S25.00 Filing Fee                      | ☐ \$30.00 Filing Fee &<br>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 ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ol   | ?  |
|--|--|
| QUEEN'S WEH ARST   | netics & Beauty Essentials  y as it now appears on our records.)  UC |
| The Articles of Organization for this Limited Liability Company of Florida document number 19000535                      | were filed on $2/2/9$ and assigned $72$                              |
| 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:  (Principal office address MUST BE A STREET ADDRESS)                 | MA : 5   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                    | OPHAR FILE   |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | īce address on our records, enter the iname of the new               |
| Name of New Registered Agent:  New Registered Office Address:  | Enter Florida street address  Florida  Zip Code                      |
|  | - L  |

#### 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</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name               | Address                         | Type of Action |
|--------------|--------------------|---------------------------------|----------------|
| ED,<br>IMBR  | Kaishawn<br>Rhanes | P.O. Box 8503<br>Tampa F1 33674 | Add            |
| IIVIBR       | CH WITH            |                                 | Remove         |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| E. Effective date, if other than the date of filing:  (If an 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 to 605,0207 (3)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  |
| If the record 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 record is filed.  March 7+ $N$ Dated $3/7/9$ $9$ |
| Signature of a member or authorized representative of a member   |
| Kaishawn Rhanes Typed or printed name of signee  |

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Filing Fee: \$25.00