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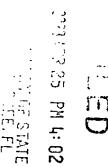
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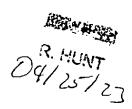
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Tewvon Fashion Design And Salon LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jarvon Groson Rivas Name of Person				
Jewvon Fashion Design And Salon LC				
515 E Altamonte Drive,				
Altamonte Spring, FL 32701 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tarvon Gibson Zivas at (407) 595-4087 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Solution Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Solution Fee Solut				

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

Street Address:

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

Tewvon Fashion Design And Salon UC

(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 March 12, 2019 and assigned

Florida document number <u>L 1900069827</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Tewvon Fashion Degign, Salon, A. The new name must be distinguishable and contain the words "Limited Liabi	ad Training LLC ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	515 E Altamonte Drive
(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 agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	Enter Florida street address onte Springe, Florida 32701 City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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 = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Donald Todey		□Add
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. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	4/11/
	Signature of a member or authorized representative of a member
	JARVON GIBSON RIVAS Typed or printed name of signee

Filing Fee: \$25.00