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COVER LETTER

TO:	Registration Secti Division of Corpo			
SUB.H	ест:Р		Lic and Laches ted Liability Company	LLC.
The en	closed Articles of Ar	nendment and feets) are subt	nined for filing.	
Please	return all correspond	ence concerning this matter t	to the following:	
		Sar	Name of Person	<u> </u>
			FirmeCompany	
		<u>80001 16601</u>	CY Faus Dr. Address	
		Turcomi	City/State and Zip Code	·
		I-mail address: (f	ESSENTIALS CON 6 be used for future annual report not	fication)
For fur	ther information con-	cerning this matter, please ca	11:	
<u>_</u>	Name of P	Johnson	at (<u>GOH</u>) <u>343</u> - Area Code Daytin	- TODO ne Telephone Number
Enclos	ed is a check for the	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 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

Benevolent Hair a	and Lashes L.	L.C Fil.ED
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records 2024 JUL 15 Pil 12: 53
The Articles of Organization for this Limited Liability Con Florida document number <u>£ 1900021982</u>	mpany were filed on $\frac{\$/2\$}{5}$	$\frac{1}{2}$ and assigned $\frac{1}{2}$
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite LUXE LCID ESSE The new name must be distinguishable and contain the words "Limite"	entials LLC	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida streed	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

Page 2 of 3

Effective date, if other than the date of filing: (optional) 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, i Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of the 90th day after the record is filed. Dated 7-15 20 24 Symmetry manifes in an April representative of a compiler.	-	——————————————————————————————————————
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The 90th day after the record is filed. Dated 7-15 2024.	n an en <u>Note:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Scife		
Signature of a member or anti-fred representative of a member	Dated	7-15 2024
		Signature of a member or anti-fred representative of a member

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>Name</u>	Address	Type of Action
			FiAdd
			□Remove
			□Change
	-		TAM
			□Remove
			□Change
			JAM
			□Remove
			□Change
			C.Add
			⊡Remove
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