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COVER LETTER

| TO: Registration S Division of Co | | | % * |
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| ,' M& M BI SUBJECT: | EAUTY CARE, LLC | | |
| 3000ECT. | Name of Lin | nited Liability Company | <u></u> |
| The enclosed Articles of | `Amendment and fee(s) are sul | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | MONICA A MENDEZ | | |
| | | Name of Person | - |
| | M & M BEAUTY CARE, | LLC | |
| | | Firm/Company | |
| | 2405 HARMONY LN AP | Т 102 | |
| | | Address | - |
| | NAPLES, FL 34109 | | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report not | tification) |
| For further information of | concerning this matter, please c | all: | |
| MONICA A MENDEZ | | 718 915-3513 at () | |
| Name c | of Person | Area Code Daytir | ne Telephone Number |
| 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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration : Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

7029F . 26 F" 7: 12

M & M BEAUTY CARE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| Florida document number 1.20000032877 | were filed on 01/27/2020 and assigned |
|--|--|
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LEC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2405 HARMONY LN APT 102 |
| (Principal office address MUST BE A STREET ADDRESS) | NAPLES, FL 34109 |
| | |
| Enter new mailing address, if applicable: | 2405 HARMONY LN APT 102 |
| (Mailing address MAY BE A POST OFFICE BOX) | NAPLES, FL 34109 |
| | |
| D. If amount in the state of th | address on our records and a disc. |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registers</u> |
| B. It amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new registers |
| agent and/or the new registered office address here: | |
| Name of New Registered Agent: | Enter Florida street address |
| Name of New Registered Agent: | |

by 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 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 | | | |
|-------|---------------------|---|--|--|
| | = Authorized Member | r | | |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| Effective date, if other than the date of filing: (01/27/2020 [Optional) fan effective date, if other than the date of filing: (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. (Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as document'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 after the d is filed. Dated FEBRUARY, 21 2020 Note: The Substitute of a member or authorized representative of a member | | | | | |
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Filing Fee: \$25.00