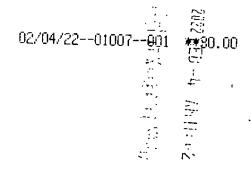
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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: LASY		e yw ty Bas	uc
		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
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	i) a 010 1	10 Tibak	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	5400 S. I	Williamson Blud	Api. 7-304
		Address	•
	Post Dran	MGR FL 32128 City/State and Zip Code	
	410	City/State and Zip Code	
	CITI Dak E-mail address: (1	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca		
Name o	of Person	at () Area Code Daytim	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 Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rash rounds & in lon		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L200037229</u> .	. 1 . 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Moxie Beauty Call	ective LLC	the second of the second
The new name must be distinguishable and contain the words Limited Liab	of the Company, the designation "LLC" or the	e abbreviation "L.L.C.
Enter new principal offices address, if applicable:	489 S. Upnox	St
(Principal office address MUST BE A STREET ADDRESS)	NWOOD ROCK ?	-L 32.174
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15420 S. WI AD+ 7-304 15A Drangy, FL	Iliamsn Blud
B. If amending the registered agent and/or registered office	address on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		1000
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 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
			Remove
			□Change
			
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ective date, if other than the date of filing: 2/1/2022 effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory nument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective time, at 12:01 as filed.	a.m. on the earlier of: (b) The 90th day after th
ed January 31. WLL.	
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