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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Figrentini Beauty LLC Name of Limited Liability Company
For the first of the control of the
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samantha M. F. Grentini Name of Person
Fiorentini Beauty LLC
4801 Rowan Rd Suite 101
New Port Richery FL 34653 City/State and Zip Code Figrential Beauty Pfmail Com Finall address: (to be used for future annual report notification)
F. Grentini Beauty P. G. Mail. (COM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samantha M. Florentini at 904, 600-8620 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Paytine Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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

Fioren	tin.	Beauty L	LC		
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on our ability Company)	records.)	— မှူး	
The Articles of Organization for this Limited Lial Florida document number L20000 3	bility Company v 39571	vere filed on <u>62</u>	>3-2020	and assagned 22 Annual Control	
This amendment is submitted to amend the follow	ving:			2	
A. If amending name, <u>enter the new name of t</u>	he limited liabil	ity company here:		19	
The new name must be distinguishable and contain the wor	rds "Limited Liabilit				
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		4801 R Suite 11 New Port	owan Rd 11 - Richey	,FL 3465	3
Enter new mailing address, if applicable:		Same	as abou	16	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	<u>here</u> :	mantha 1 Ol Rowan Enter Florida street	1. Fior		
	Newfort	- Richey		4653 Cip 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
MGR	Samantha M. Fioren	Newport Richey, Fi 3	te 101
		-	□Remove
			Change
MGR	Samantha M. Fiorentin	1	□Add
		4801 Rowan Rd suite 10 Port Richey, FL 3465	Remove 3
		<u> </u>	Change
			DAdd
			□Remove
			DChange
			□Add
			Remove
			□Change
			🗀 Add
			Remove
			Change
			🖸 Add
			□ Remove
			Change

	
notive data if other	r than the date of filing: (optional)
effective date is listed, t	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed to on the Department of State's records.
mient serieenve dan	te on the bepartment of other breedings
	of a land and the second and the second are of the The Outh day often
cord specifies a delay s filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the effective date.
ed April	10th 2020
ea _ /3 / / C	
	C' H // L Cartin
	Simanua M Ticlemani
	Samantha M. Ficrential Signature of a inember or authorized representative of a member

Filing Fee: \$25.00