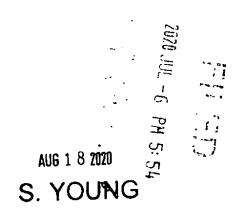
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Special Instructions to f	Filing Officer:	

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COVER LETTER

TO:

Registration Section Division of Corporations

ENVY LAS	SH, HAIR & CARE LLC				
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CHASIDY WESTON				
		Name of Person			
	ENVY BEAUTY LAB LI	.c			
		Firm/Company			
	3204 WANSTEAD PARK	DR BH 302			
		Address			
	SUWANEE GA, 30024				
		City/State and Zip Code	 		
	CHASIDYW0922@YAHC				
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
CHASIDY WESTON		239 4406418 at ()			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	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 Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENVY LASH, HAIR & CARE

(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records. Liability Company)	2020	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 02/25/2020	and assigned	
This amendment is submitted to amend the following:		PH 5	
A. If amending name, enter the new name of the limited liab ENVY BEAUTY LAB LLC	oility company here:	<u>. 2</u>	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5505 WEST MCNAB RD		
(Principal office address MUST BE A STREET ADDRESS)	NORTH LAUDERDALE, FL 3	306×	
Enter new mailing address, if applicable:	3204 WANSTEAD PARK DR E	3H 302	
(Mailing address MAY BE A POST OFFICE BOX)	SUWANEE, GA 30024		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter ti</u>	he name of the new registe	
Name of New Registered Agent:			
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 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, <u>enter the title, name, and address of each person_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
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