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COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: Pretty Kitty Wax Boutique LLC Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Margarlt Cruz Same of Person	
Firm/Company	
2345 10th Rd SW, Ap#137	
Vero Beach FL 32962 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person at (171), 977-1078 Area Code Daytime Telephone Number	
nclosed is a check for the following amount: \$\text{S25.00 Filing Fee} \\$30.00 Filing Fee & \\$55.00 Filing Fee & \\$60.00 Filing Fee. \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(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

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our regords.) iability Company)
The Articles of Organization for this Limited Liability Company florida document number $\underline{L2000094771}$.	were filed on 4 01 20 and assigned
This amendment is submitted to amend the following:	
1. If amending name, enter the new name of the limited liabit Purrfect Kitty Wax & The new name must be distinguishable and contain the words "Limited Liability Italians and contain the words "Limited Liability Italians".	Beauty Lounge LLC
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	1227 S US Highway 1 Vero Beach, FL 32962
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	1227 S US Highway 1 Vero Beach, FL 32962
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent: New Registered Office Address: Vex	Mayaret Crvz S USHighway I Enter Florids street address O Blach Florida 32962 — Exp Codes
New Registered Agent's Signature, if changing Registered Agent:	हिंह ग
hereby accept the appointment as registered agent and agreence or ovisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office of company has been notified in writing of this change. If Change	performance of my duties, and I am familiar with and rovided for in Chapter 695. If S. Or, if this document is

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
		 	□Add
		 	ПRетюче
			☐ Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			Remove
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.		 	□Add
			Remove
			Change
			bod
			□Remove
			□Change

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Note:	tive date, if other than the date of filing: Old 202 (optional) Rective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	12/28/20
) The	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00