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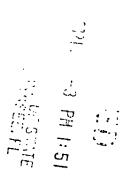
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COVER LETTER

TO: Registration Section Division of Corporations Beautique Wax and Facials SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Chrystal Jones Name of Person Beautique Wax and Facials Firm/Company 4996 Henslow Lane Address Tallahassee/Florida 32303 City/State and Zip Code beautiquewaxandfacials@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chrystal Jones Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Beautique Wax and Facials	C					
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)		_	
The Articles of Organization for this Limited Li	ability Company	were filed on May 24,20	20	and	assigned	
Florida document number G20000057481	·				-	
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
I Love Beautique LLC						
The new name must be distinguishable and contain the wa	ords "Limited Liabi	lity Company," the designatio	n "LLC" or the abb	reviation	"L.L.C."	
Enter new principal offices address, if applicable:		2639 North Monroe St.				
(Principal office address MUST BE A STREET ADDRESS)		Ste. B-106				
		Tallahassee, FL 32303				
Enter new mailing address, if applicable:		4996 Henslow Ln		- ; - :		
(Mailing address MAY BE A POST OFFICE BOX)		Tallahassee, FL 32303		E.		
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			(A) (A)	-D	# #	
B. If amending the registered agent and/or re igent and/or the new registered office addres:	gistered office a s here:	nddress on our records,	enter the name	of the r 5 2	iew registere	
Name of New Registered Agent:	N/a			_		
New Registered Office Address:	2639 North Mo	nroe St. Tallahasssee, FI 32	1303			
		Enter Florida street	address			
	Tallahassee		Florida	03		
		City		Zip Coa	le .	

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>	Name	Address	Type of Action
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ctive date, if other than the date of filing: "flective 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 6 "If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	
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	605,020 listed as
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at filed.	ifter the
d May 25 . 2021 .	
Signature of a member or authorized representative of a member	.

Typed or printed name of signee