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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOYA (TIPA)X BEATIQUE LLC 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:
Aly50 Booth Name of Person
ROYAL GILAUX BEAUTIQUE
11050 W 3rd St Address
City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at 900 801 9887 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & 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

- Mayal Gil	ENUX BEAUTIQUE	人人
(Name of the Limite)	d Clability Company as it now appears on o A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lia Florida document number 12000152		25, 200 and Reigner
This amendment is submitted to amend the follow	wing:	3
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	
B. If amending the registered agent and/or reagent and/or the new registered office address		is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	City	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

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>		Type of Action
AMBR	aysa Booth	1058 W3rd St	_ Zivaa
	•	1058 W3rd St Jocksonville, FL 32209	□Remove
			Change
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lf an effec <u>Note:</u> I	re date, if other than the date of filing:
record d is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Pated	July 14th . 8020.
	Signature of a member or authorized representative of a member
	AUS 300H Typed or printed name of signee