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COVER LETTER

TO: **Registration Section Division of Corporations** venix LLC SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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P.O. Box 6327

Tallahassee, FL 32314

Please return all correspondence concerning this matter to the following:

| | Marsha Jean Name of Person | | |
|---|---|---|-------|
| For further information conce | Firm/Company 2332 SW 37th WCU Address FOAL INVOLETCALD, FL 33317 City/State and Zip Code MAISMAJ 11926 Gmail. COM E-mail address: (to be used for future annual report notification) erning this matter, please call: 832 785-177 Free Algorithmeter | 2020 DEC 28 PH 4: 32 | FILED |
| Enclosed is a check for the fo | S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified | Filing Fee, cate of Status & ed Copy nal copy is enclosed) | |
| <u>Mailing Address:</u> Registration Sec Division of Corp | | | |

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| ART | ICLES OF AMENDMENT |
|--|--|
| · · | ТО |
| ARTI | CLES OF ORGANIZATION |
| | OF |
| Beauty By | RISING PHURIX LLC. <u>d Liability Company as it now appears on our records.</u>) A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Lia | ibility Company were filed on 07072020 and assigned 193074 |
| This amendment is submitted to amend the follow | wing: |
| A. If amending name, <u>enter the new name of</u> HOUSE OF M.TAL (he new name must be distinguishable and contain the wo | the limited liability company here: |
| Enter new principal offices address, if applica | ble: |
| Principal office address MUST BE A STREET | ADDRESS) |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u> | |
| | |
| B. If amending the registered agent and/or re agent and/or the new registered office address | gistered office address on our records, <u>enter the name of the new registered</u> <u>s here</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Emer F tortaa sirvet aaaress |
| | Filorida |

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|-----------------------|
| <u>Title</u> | <u>Name</u> | Address | <u>Type of Action</u> |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

| Dated September 14th 2020 |
|--|
| Maskeller |
| Signature of a member or authorized representative of a member |
| Marsha Jean |
| Typed or printed name of signee |