L20000220420

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

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DATE 05/06/2021	-				**WALK	IN**
ENTITY NAME SAASH	EAS NATURE COSM	METICS, L	LC	-		 ,
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Please call Tina at th	he above number for	any issues			so much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

1.21 / F AM H: 01

SaaSheas Nature Cosmetics, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{07/27/2020}$ _____ and assigned Florida document number L20000220420 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lamadilux, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_____, Florida _____ Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$AMBR = A$ \underline{Title}	Authorized Member <u>Name</u>	2-2186Y - 5 AMII: 01	Type of Action
	Shenique L. Bryant	Address 36 Rymen Lane	Type of Action
AMBR			
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	late of filing: be specific and cannot be prior to date of filing or moth ck does not meet the applicable statutory filing partment of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
e record specifies a delayed The 90th day after the reco	effective date, but not an effective tir rd is filed.	me, at 12:01 a.m. on the earlier of
Dated May 5th	202	
	/s/ Shenique L. Bryant	
	ignature of a member or authorized representative o	t a member

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