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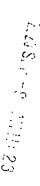
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COVER LETTER

Division of Co			
SUBJECT: Be	auty & Her	Jewels, UC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Monica V	Name of Person	
		Name of Person	
		Firm/Company	
	4755 S	anta Del Rae	, ave
		Address	
	T	±1 33°	no I
	TOTA MILE	City/State and Zip Code	<u> </u>
		0x0 1430 a01	
	E-mail address: (to	be used for future annual report noti	fication)
For further information of	concerning this matter, please cal	ll:	
Manyica Va	elasques	201 1099-	6181
Name o	of Person	at (201) 699 - Area Code Daytim	c Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
/\ -	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Beauty & Mer Je	wels, zueco	
Beauty & Mer Je (Name of the Cimited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	<u>'ds.</u>) ' देउ
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>U2000241211</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" 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 a agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	35S
		lorida
	City	Zin 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>	Name	Address 2178 S 7 / 111: 23	Type of Action
AMBR	monica Velasquez	4755 Sunta Da 12re auc	\X\add
Iam	Bisth	Fortmyers, F1 33401	□Remove
_			□Change
M62	munica velasquez	Same as above	
			□Remove
			□Change
			□Add
Im ma	conner		□Remove
			□Change
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Effective date, if other than the date of filing:	Effective date, if other than the date of filing:		2018 See - 2 1 1 1 1 1 2 3
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Dated 9/3/20 9020	Signature of the second	Dated	9/3/20 2020
	Signature of American described assessment of a search		
Signature of a member or authorized representative of a member	Signature of a member of a member		Signature of a member or authorized representative of a member
Monica Velasquez Typed or printed name of signee			The state of the s

Filing Fee: \$25.00