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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Kristyne C	Saint-Gerard Beauty Supplies	LLC			
SUBJECT,		Name of Lin	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing			
Please return	all correspo	ondence concerning this matter	to the following:			
		Kristyne C Saint-Gerard				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		Kristyne C Saint-Gerard E	eauty Supplies LLC			
		_	Firm/Company			
		540 NW 145th Street				
Address						
		Miami, FL 33168				
		 	City/State and Zip Code	<u> </u>		
		kristyne.saint@aol.com				
		E-mail address ¹ (to be used for future annual report notification	1)		
For further in	aformation o	oncerning this matter, please c	all:			
Kristyne C S	Saint-Gerard		954 494-8718 at ()			
	Name o	d Person	at () Area Code —— Daytime Telep	hone Number		
Enclosed is a	check for t	he following amount:				
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Reg Div P.C	iling Addressistration! vision of Co. Box 632 lahassee.	Section Corporations 17	Street Address: Registration Section Division of Corporati The Centre of Tallah: 2415 N. Monroe Stre	assee		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kristyne C Saint-Gerard Beauty Supplies 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 August 10, 2020 and assigned Florida document number <u>L20000242591</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Enter Florida street address Circ 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>	Address . 18. 21 E. 4:	Type of Action
MGR	Kristyne C Saint-Gerard	540 NW 145th Street Miami Florida 33168	= Add
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	August 10,2020	
ctive date, if other than the	date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0.
e: If the date inserted in this bl	ock does not meet the applicable sta	tutory filing requirements, this date will not be listed
iment's effective date on the D	partment of State's records	
	date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b). The 90th day after t
filed.		
Company 9	2020	
ed September 8	2020	
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Ari	Significance of a member of authorized re	vrol

Filing Fee: \$25.00