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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to raining Officer. |
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Office Use Only



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COVER LETTER

| Divi | ision of Corp | porations | | | |
|----------------|---------------|--|---|---------------------|---|
| SUBJECT: | Azaria Cosn | netics llc | | | |
| SUBJECT. | | Name of Lim | nited Liability Company | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | |
| | | Azaria beckworth | | | |
| | | | Name of Person | | |
| | | Azaria Cosmetics llc | | | |
| | | | Firm/Company | | |
| | | 6226 Forestwood drive eas | st | | |
| | | | Address | | |
| | | Lakeland,Florida 33811 | | | |
| | | | City/State and Zip Code | · | |
| | | chardaebeckworth@gmail.c | | | |
| | | E-mail address: (| to be used for future annual | report notification | 1) |
| For further in | formation co | oncerning this matter, please c | all: | | |
| Azaria Becky | worth | | 863 43 | 0-5371 | |
| | Name of | Person | Area Code | Daytime Telep | shone Number |
| Enclosed is a | check for th | e following amount: | | | |
| □ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is end | | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mai | ling Address | s: | Street A | ddress: | |

Registration Section
Division of Corporations

TO: Registration Section

P.O. Box 6327 Tallahassee, FL 32314

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

| Azaria Cosmetics LLC | | |
|--|--|---------------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 09/05/2020 | and assigned |
| lorida document number L20000289044 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | pility company here: | |
| Azaria Enterprises LLC | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the ab | breviation "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) | | |
| | | · |
| | | |
| 3. If amending the registered agent and/or registered office | address on our records, enter the nam | e of the new regist |
| gent and/or the new registered office address here: | | 1. |
| | | |
| Name of New Registered Agent: | | - |
| New Registered Office Address: | | ب ب تيري |
| New Registered Office Address. | Enter Florida street address | <u> </u> |
| | . Florida | . C- |
| | City | 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 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 | Type of Action |
|--------------|-------------|--------------|----------------|
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| 5 med. | y after the |
| , 07/15/2021 9:21am | |
| Maria Bealina | |
| Signature of a member or authorized representative of a member | |