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(Bu	isiness Entity Name)	
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Certified Copies	Certificates of Status	
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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 and Power b	1 Demaya
Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>しんのうろんる9フ</u> .	were filed on $\frac{10/12/2020}{2020}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
GIO GIENTIE ESTMETICS L	LC
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	11595 Kelly Road Suite
(Principal office address MUST BE A STREET ADDRESS)	108, Port Myey, FL 33908
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	11595 Kelly Road Suite 108 Purt Myeres, FL 33908
B. It amending the registered agent and/or registered office a agent and/or the new registered office address here:	O1
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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
			□Add
			□Remove
			□Change
			□Add
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(If an e Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	September 16th, 2024.
	Signature of a member or authorized representative of a member
	~ / C
	Denaja Kowe

Filing Fee: \$25.00