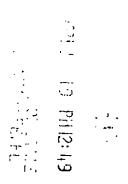
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COVER LETTER

TO:

	Registration Section Division of Corporations							
	LAVISH LASH BOTIQUE & MED/SPA, LLC							
SUBJECT:		Name of Lim	ited Liability Company					
The enclosed A	rticles of A	Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: JACQUELYN BOBERG						
Please return al	l correspon	idence concerning this matter	to the following:					
		JACQUELYN BOBERG						
			Name of Person					
		LAVISH LASH BOT!QU	E & MED/SPA, LLC					
			Firm/Company					
		1561 GRACE AVE						
			Address					
		FORT MYERS, FL. 33901	I					
			City/State and Zip Code					
		· -						
For further info	rmation co		·	uneation)				
JACQUELYN	BOBERG							
Name of Person			ne Telephone Number					
Enclosed is a cl	heck for the	e following amount:						
[] \$25.00 Fili	ng Fee		Certified Copy	Certificate of Status & Certified Copy				
				ection				
_	Registration Section Division of Corporations		-	-				
P.O.	Box 6327	7	The Centre of	Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 11/16/2020 and assigned Florida document number L20000358930

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: 270 N. BRIDGE STREET, LaBelle, FL. 33935

Enter new mailing address, if applicable: N/A

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:	N/A
New Registered Office Address:	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

LAVISH LASH BOTIQUE & MED/SPA, LLC

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
AMBR	RUBIE TOPP	2927 SW 4TH AVE, CAPE CORAL, FL.	□ Add
			Remove
			□ Change
			□Add
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Note: If the date inserte	d in this block does not inc te on the Department of St	eet the applicable statu	tory filing requirement	s, this date will not be lis	sted as
locument's criective day	te on the Department of St	ate s records.			
record specifies a delay	ved effective date, but not a	in effective time, at 12:	01 a.m. on the earlier	of: (b) The 90th day afi	ter the
d is filed.	ed chockive dute, out hot		or ann. on the current	(0) 1 1 2 2	
HH 37.13		2021			
Dated	,	2021			
		year O Bay	h 1		
	<i>'</i>				

Typed or printed name of signee