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COVER LETTER

TO: Registration Section Division of Corporatio	ns			
subject: <u>The Be</u> a	ruty Back	Geat Louny ited Liability Company	<u>e</u> .	
The enclosed Articles of Amendr	nent and fee(s) are sub	mitted for filing.		
Please return all correspondence	concerning this matter	to the following:	4	
<u>(</u>	<u>Sauntria</u>	R. Gilyard Name of Person		···
1	he Beaut	y Bank Spa Firm/Company	Loung	<u>Je.;</u>
	5581 NE 1	Oth Street		•
	, ruseilliv	FL 3a494 City/State and Zip Code		·
·	MSlovely :	BB @ amail U	port notification)	
For further information concerning	g this matter, please c	all:		
Toya McCa	cken	at (<u>407</u>) Area Code	BVO- 57 Daytime Telepho	54 one Number
Enclosed is a check for the follow	ring amount:		·	
	0.00 Filing Fee & Pertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	1	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Add	lress:	

Mailing Address: Registration Section Division of Corporations 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

DED 29 PM d

THE BEAUTY BANK SPA LOUNGE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 11/19/2020 The Articles of Organization for this Limited Liability Company were filed on and assigned L20000366697 Florida document number 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 "LLC." 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

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.

City

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	Type of Action
CFO	Toya N. Mc Cracken	15581 NE 10th Street	□Add
	J	Williston, FL 32494	[PRemove
			□Change
AMBR	Sauntria R. Gilyard	1558INE 10th Street	[2/Kdd
	J	Williston, FL. 32094	□Remove
			□ Change
			□Add
			□Remove
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f an effective d Note: If the (te, if other than the date of filing:
record speci d is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated	1/27/2021
	Signature of a member or authorized representative of a member
	Signature of a member of aumorized representative of a member
	lova N NU Crachen