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



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COVER LETTER

| TO: Registration Division of C | Section Corporations | | , |
|--------------------------------|--|--|--|
| | rie Hair and Skin, LLC | | 1 . |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | Tangela Clark | | |
| | | Name of Person | |
| | RoseMarie Hair and Skin, | LLC | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | 327 Brier Rose Lane | | 7£?? |
| | | Address | |
| | Orange Park, FL 32065 | | - 10 |
| | | City/State and Zip Code | |
| | tangieboo85@gmail.com | to be used for future annual report notifical | (i) |
| For further informatio | n concerning this matter, please c | • | lion) ආ |
| Tangela Clark | | 904 713-1081 | |
| Nam | e of Person | | elephone Number |
| Enclosed is a check fo | r the following amount: | | |
| □ \$25.00 Filing 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) |
| P.O. Box 6 | n Section Corporations | Street Address: Registration Section Division of Corporative Centre of Talle 2415 N. Monroe S Tallahassee, FL 32 | rations ahassee treet, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RoseMarie Hair and Skin, LLC | | |
|--|--|--------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our record nited Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Completion of Organization for the Limited Liability Completion of Complete Comple | pany were filed on 11/30/2020 | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| RoseMarie Beauty, LLC | | |
| he 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: | P.O. Box 65219 | 70.22 DED |
| Mailing address MAY BE A POST OFFICE BOX) | Orange Park, FL 32065 | <u>-</u> |
| | | |
| | | |
| 3. If amending the registered agent and/or registered of gent and/or the new registered office address here: | fice address on our records, enter | the name of the new register |
| <u>Lent integration of the second of the secon</u> | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres. | s |
| | ETI. | owido. |
| | | orida Zw 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.

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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| Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the approximent's effective date on the Department of State's recomments. | prior to date of filing or more than 90 days after filing.) Pursuant to 60 |
| ecord specifies a delayed effective date, but not an effecti is filed. | ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| ted December 22 2022 | |
| | |
| | nuthorized representative of a member |