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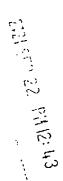
(Requestor's Name)
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COVER LETTER

Registration Section

TO:

Division of Corpor	rations		
SUBJECT: Bro	WS and Lashes Name of Limi	by Taylor LLC - ited Liability Company	
The enclosed Articles of An Please return all corresponde		_	
	Ta	Name of Person	
		Firm/Company	
	10974 Willo	IW Ridge Lonp Address	
	Orland	do FL 32825 City/State and Zip Code	
-		110 (dd Sauza @) g mail. C o be used for future ainus report notifi	eation)
For further information conc	erning this matter, please ca		
Name of Po	rson	at () Area Code Daytime	Telephone Number
Enclosed is a check for the f	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)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	
Florida document number <u>L21888602615</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	nere:
Souline Studio LLC The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.1C."
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 agent and/or the new registered office address here:	records, <u>enter the name of the new registere</u> c
Name of New Registered Agent:	
New Registered Office Address:	نفس (1-2 ورج
	orida street address
	Florida
City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	2:
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in	capacity. I further agree to comply with the fmy duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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
			□Remove
			□Change
			🗆 Add
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			□Add
			🗆 Remove
			□Change

Page 2 of 3

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_	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 18 . 2021 . Signature of a member or authorized representative of a member
	Taylor Humohrey Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00