## L21000005438

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
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| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | e)        |
| (Do                     | ocument 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 Sec<br>Division of Corp      |  | ·   |  |
|---|--|---|--|
| SURVICE: UNA                                  | LUNA BEA                                   | UTY LLC   |  |
| Sobilet. Of                                   | Name of Limite                             | ed Liability Company  |  |
|   |  |   |  |
| The enclosed Articles of A                    | Amendment and fee(s) are subm              | nitted for filing.  |  |
| Please return all correspon                   | idence concerning this matter to           | the following:  |  |
|   | <u>Pudie Bran</u>                          | Name of Person  |  |
|   | <del> </del>                               | Firm/Company  |  |
|   | 5226 Nort                                  | th Orange Blo   | ssom Trail   |
|   | Orlando, Fl                                | City/State and Zip Code   |  |
|   | AUYOVUEEFII E-mail address: (to            | ing @ gmail (<br>be used for future annual report notific                 | OM cation)   |
| For further information co                    | ncerning this matter, please call          | 1:  |  |
| Rudie Bra<br>Name of                          | ntley                                      | at (407) 995<br>Area Code Daytime   | - 4867<br>Telephone Number   |
| Enclosed is a check for the                   | e following amount:                        |   |  |
| □ \$25.00 Filing Fee                          | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Solivision of Co | ection                                     | Street Address:<br>Registration Sect<br>Division of Corp                  |  |
| P.O. Box 6327                                 | •  | The Centre of Ta  |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNA LUNA BEAUTY LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Afficies of Organization for this Elither Clauting  | y Company were filed on                       | and assigned                      |
|---|---|-----------------------------------|
| Florida document number <u>L2100005</u> 4.  | <u>38</u> .                                   |                                   |
| This amendment is submitted to amend the following  | ;   |                                   |
| A. If amending name, enter the new name of the l  | imited liability company here:                |                                   |
| Auroraee xo LLC   |   |                                   |
| 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:   |   |                                   |
| (Principal office address MUST BE A STREET AD   | DRESS)  |                                   |
|   |   |                                   |
|   |   |                                   |
| Enter new mailing address, if applicable:   |   |                                   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                                   |
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| maining maintens with DEN 1 OST OTT TOE BOTT  |   |                                   |
|   |   |                                   |
| B. If amending the registered agent and/or registe  | ered office address on our records, <u>er</u> | <del></del>                       |
| B. If amending the registered agent and/or registe  | ered office address on our records, <u>er</u> | <del></del>                       |
| B. If amending the registered agent and/or registe<br>agent and/or the new registered office address her                                | ered office address on our records, <u>er</u> | 1277 33                           |
| B. If amending the registered agent and/or registe  | ered office address on our records, <u>er</u> | 1277 33                           |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her                                   | ered office address on our records, <u>er</u> | 13.51                             |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her  Name of New Registered Agent: | ered office address on our records, <u>er</u> | 13.51                             |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her Name of New Registered Agent:     | ered office address on our records, <u>er</u> | 1277 33                           |

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 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 | Type of Action |
|--------------|-------------|--------------|----------------|
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| n effec<br><u>ste:</u> If | the date, if other than the date of filing: \( \begin{align*} 2 & 1 & 0 & 2 & 1 \)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the date on the Department of State's records. | 207<br>l as |
| s filed                   |   | he          |
| ted                       | 8/10/21   |             |
|                           | VIQ - C   |             |
|                           | Signature of a member or authorized representative of a member  |             |