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COVER LETTER

Division of Cor	rporations				
subject: <u>Вос</u>	Do Brauty	ited Liability Company	<u>-</u>		
	2	,,			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Aism	Mame of Person			
	_ Poss ?	B PROUTY WOO	iduc	22 SEP	CIVISION
	5749	Tryton Cie		22 SEP -1 PM 2: 09	MISION OF COST OWNERS
	Penaccol	City/State and Zip Code		2: 09	
	Dossbsbeaute E-mail address: (w be used for future annual suport not	1.comitication)		
For further information c	oncerning this matter, please c	all:			
Aish Name o	DU Itrie	at (<u>860</u>) <u>378</u> Area Code Daytin	- lo (o9 2) ne Telephone Number	-	
Enclosed is a check for the	he following amount:				
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &	
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Con The Centre of T	rporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boss Be Beauti	y World LLC	`		
(Name of the Limited Liability (A Florida Li	Company as it now appears of mited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on	nuary 4,2021	and ass	igned
Florida document number <u>L 21000108.33</u>		<i>J</i> ,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:	:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abbre	viation "L.I	C."
Enter new principal offices address, if applicable:			22	<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		SE	<u> </u>
			1	<u> </u>
Enter new mailing address, if applicable:			PH	용 - , 소요: - 호
(Mailing address MAY BE A POST OFFICE BOX)				
			 	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our reco	rds, <u>enter the name o</u>	f the new	registered
Name of New Registered Agent:			<u></u> -	
New Registered Office Address:				
	Enter Florida	street address	-	
		, Florida		
•	City		Zip 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.

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
<u>Ambe</u>	Chantae Peterson	5749 Tryton Cir	□Add
		Pensocola, 71 32505	
			□Change
Ambe	Brittony Dixion	5749 Tryton Cie	□Add
		Pensacola, 71, 32505	ERemove
			□Change
Ambe	Meshia Moultre	5749 Tryton cie	□Add
		Pensacola, 71 32505-	Remove
			□ Change
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Effective date, if other fan effective date is listed, in Note: If the date inserted document's effective dat	a in this block does no	iling: and cannot be prior to ot meet the applicabl	date of filing or more than	(optional) 90 days after filing.) Pursua ements, this date will not	nt to 605.0207 t be listed as
e record specifies a delay rd is filed.					lay after the
Dated <u>Aug 27</u>		_, <i>20 22</i>			
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	Signature o	1 100 TP/6	ed representative of a me	nber	

Filing Fee: \$25.00