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10/29/21

TO: Registration Sec Division of Corp				
	ite Counsulting Services LLC		٣	
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Nayesha Crumbley			
		Name of Person		
	ECP Exquisite Beauty Bar			
		Firm/Company		25
	3890 Prescott Loop			921 JUN -3
		Address	<u> </u>	
	Lakeland fl 33810		30 y 3 x 10 y	2: 1
	ncrumbley2@gmail.com	City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·	5: -
		to be used for future annual report notif	lication)	
	oncerning this matter, please ca			
Nayesha Crumbley		863 934-9005 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fcc	№ \$30,00 Filing Fee & Cenificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Cop (additional copy	Status & ov
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations	
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810	

TO:

ARTICLES OF ORGANIZATION OF

ECP Exquisite Conssulting Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 4, 2021 and assigned Florida document number $\frac{1.21000011546}{1.21000011546}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ECP Exquisite Beauty Bar LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2800 Lakeland Hills Blvd 91823 Enter new principal offices address, if applicable: Lakeland Fl 33804 (Principal office address MUST BE A STREET ADDRESS) P.O Box 91823 Enter new mailing address, if applicable: Lakeland, FI 33804 (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: Navesha Crumbley Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cire

3890 Prescott Loop

Lakeland

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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- -	 	 	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□ Change
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ective date, if other than the date of filing:	(option	nal)	
reffective date is listed, the date must be specific and cannot be prior to date of the let. If the date inserted in this block does not meet the applicable status	filing or more than 90 days after t	ling.) Purs	
rument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective time, at 12: s filed.	:01 a.m. on the earlier of: (b)	The 90th	h day after the
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