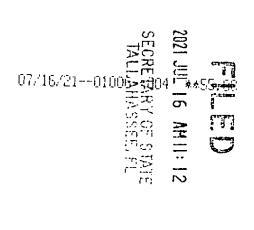
## L21000039559

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## **COVER LETTER**

TO: Registration Se Division of Cor			·
SUBJECT: <u>1</u> 72	Y Jays Beauty Name of Um	JUPPY LLC ited Liab Inty Jompany	<del></del> -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Jazmin Bad</u>	Name of Person	
	Jazzy Jays	BRAUTY SUPPLY, L	C
	555 HILMEN	V DEWE Address	
	Allamonte	SPRINGS 7L 32 City/State and Zip Code	114
	Jazmin badi E-mail address: (1	( & OMW). COM	fication)
For further information c	oncerning this matter, please co	ıll:	
chamin Ba	ıdı	at (407 ) 335 -	2243
Name o	l'Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAZY JAY BEAUTY SI (Name of the Limited Liability Comps (A Florida Limited)	any is ittpow appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100039559</u>	were filed on $1/20/21$ and assigned
This amendment is submitted to amend the following:	
1. If amending name, enter the new name of the limited liab 224 205 ENTERPLISE The new name must be distinguishable and contain the words "Linkited Liabi	S, UC
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	1070 Montgomery Rd #2351 Allamonte Springs, 71 32714
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	1070 MUNIGOMERY Rd # 2351 Altrimonie Springs 71, 32714
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
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
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is filed.							
ned <u>July</u>	16	. 2021	! <del></del> ·				
	Myn Signature	of a member or auth	norized representati	ve of a member			_
	///	10 Madia					
	- UXUXIII	r) <i>1</i> 01/01/2	ted name of signer				