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COVER LETTER

TO: Registration Section

Division of Cor	Division of Corporations		
	BY DEISY MUNERA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	SEBASTIAN HERNAND	EZ	
		Name of Person	
	BEAUTY BY DEISY MU	NERA, LLC	
		Firm/Company	
	1200 WEST AVE, APT 40)2	
		Address	
	MIAMI BEACH, FL 3313	9	
		City/State and Zip Code	
	SHERN023@GMAIL.COM		
		to be used for future annual report not	dication)
For further information c	oncerning this matter, please c	all:	
SEBASTIAN HERNAN	DEZ	954 260-3298	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, 1		The Centre of T	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTY BY DEISY MUNERA.	LLC		
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our recold Liability Company)	ords.)
The Articles of Organization for this Limited Florida document number 1.21000087119		ny were filed on 02/22/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	ability company here:	
AMATISTA BEAUTY, LLC			
he new name must be distinguishable and contain the	words "Limited Lia	hility Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE.	ET ADDRESS)		
Inter new mailing address, if applicable:		N/A	
Mailing address <u>MAY BE A POST OFFICE</u>	(BOX)		
3. If amending the registered agent and/or igent and/or the new registered office addre		e address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street ada	_
			Florida
		City	Zin 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
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			□Add
			□ Remove
			□Change

Effective date, if other than the date of filing: N/A (optional) (If an effective date is lined, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated VII.Y 25TH		
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