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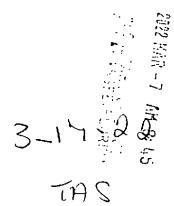
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
Sunnny tints	ile		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Javier Caldera / Yu	Value S Perez	
		Name of Person	
		Firm/Company	
	3541 forest park dr		
		Address	
	kissimmee, fl 34746		
		City/State and Zip Code	
	yarieartistry@gmail.com E-mail address: t	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co		
javier caldera	g	352 4092500	
Name of Person			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)
<u>Mailing Addres</u>		Street Address:	
Registration 9 Division of C		Registration Se Division of Cor	
P O Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000131198</u>	y were filed on 3/19/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
my magical makeover lle		22
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or t	he abbreviation "LL.C."
Enter new principal offices address, if applicable:	3501 w vine st #312	
(Principal office address MUST BE A STREET ADDRESS)	kissimmee, tl 34741	1
		The Ex
Enter new mailing address, if applicable:	3541 forest park dr	8: 45 8: 45
(Mailing address MAY BE A POST OFFICE BOX)	kissimmee, fl 34746	·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	name of the new register
Name of New Registered Agent:	acis Derez	
New Registered Office Address: 354	1 Forest Park Enter Florida street address	Dr.
1Ciss	imme. Florid	34746 Zip Code

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

121000131198

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 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 of Action
<u>amb</u> r	Yeralis Perez	3541 Forest Park Dr. Kissimmee F1, 3474	(\$AJd Ho
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ctive date, if other the effective date is listed, the	date must be specific a	nd cannot be prior			filing.) Pursuant to 605
If the date inserted in ment's effective date of			ble statutory filing	grequirements, this	date will not be list
ord specifies a delayed filed.	effective date, but n	ot an effective tir	ne, at 12:01 a.m. c	n the earlier of: (b)	The 90th day afte
rneg.					
d February 18th		2022			
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Typed or printed name of signee