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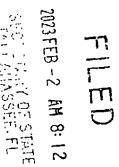
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COVER LETTER

TO: Registration Section **Division of Corporations** Complexions Del Mare LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Katherine Shibani Name of Person Complexions Del Mare LLC Firm/Company 549 Rutile Drive Address Ponte Vedra Beach, FL 32082 City/State and Zip Code katherineneelyl@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Katherine Shibani Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

Complexions Del Mare LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/22/2021	and assigned
Florida document number 1.21000131943		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SHIBANI LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(S)	2023 F
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		3 N 1
		SSE M
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-11
		72
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	SS
	r)	lorida
		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
			□Add
			□Remove
			□Change
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