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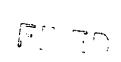
Tallahassee, FL 32314

TO:	Registration Sectorial Division of Corp	tion orations			
		DIGITAL MARKETING LLC			
SUBJE	CT:	Name of Limite	d Liability Company		
The one	closed Articles of A	Amendment and fee(s) are subm	litted for filing.		
		ndence concerning this matter to			
		GARCIA, JANELYS	_		
		<u> </u>	Name of Person		
		SAPPHIRE DIGITAL MAI	RKETING		
			Firm/Company		
		7945 sw 12 st			
			Address		
		Miami, FL 33144			
			City/State and Zip Code		
		janelys 101@yahoo.com	o be used for future annual report no	diffication)	
				(incarion)	
For fu	rther information c	oncerning this matter, please ca			
GARCIA. JANELYS			786 326-0795 at ()		
	Name o	of Person	Area Code Dayti	me Telephone Number	
Enclo	sed is a check for t	he 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)	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SAPPHIRE DIGITAL MARKETING LLC

722FEB -7 AMII: 05 (Name of the Limited Liability Company as it now appears on our records:) The Articles of Organization for this Limited Liability Company were filed on 03/22/2021 and assigned Florida document number L21000133451 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RYU BEAUTY 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 ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
			🗆 Ad d
			□Remove
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Effective date, if o	ther than the date of fil	ling:		(optional) days after filing.) Pursuant to 6	
If an effective date is lis	ted, the date must be specific	and cannot be prior to date	of filing or more than 90 atutory filing requirer	days after filing.) Pursuant to 6 nents, this date will not be li	05.0207 isted as
document's effective	date on the Department of	of State's records.	attatory mine reduces.		
	elayed effective date, but	not an effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th day at	fter the
ord is filed.					
Dated 1/11/2022		.1 -			
Dated					
		H .			
	- Signature II	a member or authorized	representative of a mem	איר	

Typed or printed name of signee