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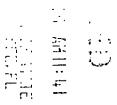
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
TRISH AL	KAITIS QUANTUM BEAUT	Y LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	PETER R PINNEY, ESQ		
		Name of Person	_
	PETER R PINNEY CHAR	TERED	
		Firm/Company	
	3010 SEGOVIA STREET		
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti:	fication)
For further information c	oncerning this matter, please ca	all:	
PETER R PINNEY, ESC	<i></i>	786 239-7577	
Name o	f Person	at () Area Code Daytime	e 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 5		Street Address: Registration Sec	ction
Division of C		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

TRISH ALKAITIS QUANTUM BEAUTY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on APRIL 2, 2021 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 . Florida City

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
AMBR	PATRICIA ROBERTINA ALKAITIS	3010 SEGOVIA STREET CORAL GABLES FL.	3313/7 ■Add
			□Remove
АМВК ———	TRISHA ALKAITIS	3010 SEGOVIA STREET CORAL GABLES FL.	33137 □Add
			■Remove
			□Change
MGR	PATRICIA ROBERTINA ALKAIT/3	3010 SEGOVIA STREET CORAL GABLES FL.	331.3 / ≡ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🖸 Remove
			Change
			🗆 Add
			□Remove
			□Change

Effective date, if other than the date of filing: If an effective date, if other than the date of filing: If an effective date is listed, the due must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603/1207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 red is filed. Dated The land Land Est. Signature of a member or authorized representative of a member PETER R PINNEY, ESQ Typed or printed name of signee		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. e 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	-	
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	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Dated 7/12/2021 Signature of a member or authorized representative of a member PETER R PINNEY, ESQ		
Signature of a member or authorized representative of a member PETER R PINNEY, ESQ	Dated	7/12/2021 Petirk. Pirnie, Esq.
PETER R PINNEY, ESQ		Signature of a member or authorized representative of a member
		PETER R PINNEY, ESQ

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Filing Fee: \$25.00