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(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			
Niurka Be	eauty LLC		·
SUBJECT:	Name of Lin	nited Liability Company	
			į
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Gabriela Melo		
		Name of Person	
	N/A		
		Firm/Company	
	753 Northwest 115Th Stre	et	•
		Address	
	Miami Fl, 33168		
		City/State and Zip Code	
	BlackiceFinancials.com		,
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	ication)
	concerning this matter, piease c		
Gabriela Melo		786 683-2432 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 Addro Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Niurka Beauty LLC

21 JUL -6 PH 3: 49

(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 $\frac{05/03/2021}{1}$ Florida document number 1.21000206589 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 "LLC." 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 Changing Registered Agent, Signature of New Registered Agent

____, Florida ___

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

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<u>Title</u>	<u>Name</u>	Address 21 J	NUL -6 PM 3:49	Type of Action
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (does not meet the applicable statutory filing requirements, this date will not be listed as t
ne record specifies a delayed effective da ord is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 15	2021
Galiela Sign	mature of a member or authorized representative of a member
	same of a memor of additioned representative of a memor
Gabriela Melo	

• • •