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Y. SCOTT FEB - 9 2022

COVER LETTER

CUBICT	Creative Cr	afting LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cathy Cognetti		
			Name of Person	
			Firm/Company	202 SEC 7.4
		7671 SW Harbor Cove Dri	ve	Z JAI
		Stuart, FL 34997	Address	ZOZZ JAN 28 J SECRETARY OF
		Stuart, FE 34777	City/State and Zip Code	PH 3: 12
		E-mail address: (i	to be used for future annual report notific	eation)
For further i	nformation c	oncerning this matter, please co	ıll:	
Cathy Cogn	etti		561 202-7664 at ()	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
☐ \$25.00 l	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 P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Crafting LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on ou red Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa	any were filed on 5/5/2021	and assigned
Florida document number L21000208948		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	iability company here:	
Amour Lashes LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 <u>2</u> SE01
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		ディスタ System 1
		gg 3 11
Enter new mailing address, if applicable:		S S S
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records	, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	<u> </u>	, Florida
	City	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 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
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			□Change
			□Add
			Remove
			ACRETA AChange
			ASSO POAddy
			Remove SECRETARY OF STATE Remove SECRETARY OF STATE Remove
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