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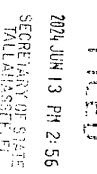
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COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation)	orations		
SUBJECT: EXOTI	C Silhovette	e Beaty and nited Liability Company	LBODY Sculpting
The enclosed Articles of A	mendment and fec(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ashley	M. Fernan	ider
	Exotic Silhour	ette Beauty 9 E	3004 Sculpting LLC
		SW 24 Ave	
	Mi	ami FL 3314: City/State and Zip Code	5 5 7
	EXONC. SIL	hovette 1@ 9	mail. Com To ?
For further information cor	ncerning this matter, please o		THE STATE OF THE S
Ashley M. Name of I	fernandez Person	at (<u>786)</u> <u>597</u> Area Code Daytima	4374 : 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)
<u>Mailing Address:</u> Registration Se		Street Address: Registration Sec	ction
Division of Co P.O. Box 6327	rporations	Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _______________________________ and assigned Florida document number 1 2 1000226 768 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COSMIC Wellness 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.

City

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>	Name	Address	Type of Action
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			□Remove
			_ □Change
			_ 🗆 Add
			_ 🗆 Remove
			_ Change
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			□ Change

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