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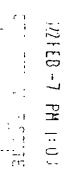
| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Registration Section

| Division of Corporations |
|---|
| SUBJECT: Kalfa: & Kinzi Fage and Body Esseritials, LIC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Kanesa Gentry Name of Person |
| Firm/Company |
| 11216 Carrick Store Street |
| Wimauma, Florida 33598 City/State and Zip Code |
| Kanesha. Whysin & amail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (904) 38(0-101098 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status 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 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kalea & Kenzi Face and (Name of the Limited Liability Comp | pany as it now appears on our records.) Liability Company) |
|--|---|
| (A Florida Limited | Elability Company) |
| The Articles of Organization for this Limited Liability Compan | v were filed on Mau 17, 2024 and assigned |
| Florida document number <u>1 21000 228013</u> . | • |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | bility company here: |
| Private Treasures LLC The new name must be distinguishable and contain the words "Limited Liab | pility 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) | |
| | |
| | |
| | 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 |
| | - THE THIRD SILES WAS COS |
| | , Florida |

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 |
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| effective date is e: If the date i | other than the da listed, the date must be inserted in this block we date on the Depart | e specific and cannot c does not meet the | e applicable st | of filing or more datutory filing rec | (optio nan 90 days after juirements, this | filing.) Pursuant to 6 | 505.020 fisted a |
| cord specifies a s filed. | delayed effective d | ate, but not an effi | ective time, at | 12:01 a.m. on th | e earlier of: (b) | The 90th day a | fter th |
| ed <u>Uani</u> | That | <u>02</u> | Honton | | | | |
| | Si | gnature of a member | r or authorized r | opresentative of a | member | | |
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