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COVER LETTER

	Registration Se Division of Cor			
SURIFC	Rising Bea	uty LLC		
SOBJEC	'	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
			-	
		Denetta Applewhaite		
			Name of Person	
		Rising Beauty LLC		
			Firm/Company	
		2114 n flamingo rd		
		Seauty LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Denetta Applewhaite Name of Person Rising Beauty LLC Firm/Company 2114 n flamingo rd Address Pembroke Pines, FL 33028 City/State and Zip Code nettamarqui@icloud.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: e at (31 264-9639 at (31 264-9		
		Pembroke Pines, FL 330	028	
			City/State and Zip Code	
		• •		
For furthe	r information c			report nonneation)
Denetta A	Applewhaite			I-9639
	Name o	f Person		Daytime Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$25.0°	0 Filing Fee	•	Certified Copy	Certificate of Status & Certified Copy
_	<u>Jailing Addres</u> Registration S	_		
Ī.	Division of C	orporations	Division	of Corporations
	P.O. Box 632 Pallahassee J			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rising Beauty		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/25/2021	and assigned
Florida document number L21000242921		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Netta Marqui Beauty Bar		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applicable:	10139 Pines Blvd	
Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines fl 33026	
		ა
Inter new mailing address, if applicable:	, •	r" ,
Mailing address MAY BE A POST OFFICE BOX)	Amwl2302-1	7120
	Foit Lauderdale F1, 3371.	3.0
		ن ن
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, enter the name of	the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City Zi	p 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 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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			□Remove
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