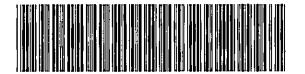
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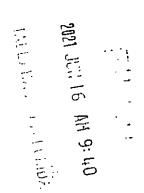
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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
eun ir c		GLOSS LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	endence concerning this matter	to the following:	
		NATALIA P DIAZ		
			Name of Person	
		TALI'S LIP GLOSS LLC		
			DSS LLC  Name of Limited Liability Company  Indirect and fee(s) are submitted for filing.  See concerning this matter to the following:  SATALIA P DIAZ  Name of Person  PALI'S LIP GLOSS LLC  Firm/Company  S19 MEADOWGLEN DR  Address  DRLANDO FL 32810  City/State and Zip Code  ALISLIPGLOSS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  Ining this matter, please call:  at (407	
		7519 MEADOWGLEN D	R	
			Address	
		ORLANDO FL 32810		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		<del>-</del>		
		E-mail address: (	to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please c	all:	
NATALI	A P DIAZ			
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S			ection
	Division of C		•	
I	P.O. Box 632	7	The Centre of	Tallahassee
•	l'allahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALI'S LIP GLOSS LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000250412</u> .	were filed on 05/28/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	<u> </u>	
Enter new mailing address, if applicable:		5
Mailing address MAY BE A POST OFFICE BOX)		9: 40
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	. Fle	orida
<del></del>	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

MGR NATALIA P DIAZ 7519 MEADOWGLEN DR    Change	<u>Title</u>	<u>Name</u>	Address	Type of Action
	MGR	NATALIA P DIAZ	7519 MEADOWGLEN DR	<b>=</b> Add
□ Change □ Change □ Add □ Remove □ Change			ORLANDO FL 32810	□Remove
Change   C				□ Change
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ffective date, if other than the	date of filing: 05/28/2021		(optional)	\ D
an effective date is listed, the date must lote: If the date inserted in this bl	st be specific and cannot be prior ock does not meet the applic	to date of filing or more the able statutory filing rec	ian 90 days after filing. Juirements, this date	will not be listed
ocument's effective date on the D	epartment of State's records			
record specifies a delayed effectiv l is filed.	e date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) Th	ie 90th day after t
a is fried.				
JUNE 3	2021			
Natural JUNE 3	<del></del>	<u> </u>		
Dated John S				
Dated John S	Signature of a member or auth			

Filing Fee: \$25.00