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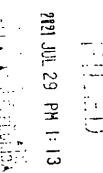
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Thoden beauty Supply Store UC 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:
Terrenya Phoden Name of Person
Throden beauty supply
3234 Klays Court, E
Hours Palm beach, F1, 35411 City/State and Zip Code
terren iq. bandy a amgil. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 627 - 5655 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status □ Certified Copy (additional copy is enclosed) 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**

(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on June 4 2021 and assigned Florida document number 21000260331						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ed liability company here:					
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register					
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	. Florida					

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>		Type of Action
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1/26-211	o) The 90th day afte	er the
Dated 1000		
Signature of a member or authorized representative of a member		

E. ...