

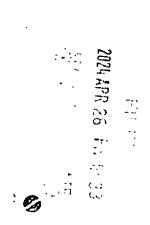
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	The Blushing	Cow	WX	Studio (
		ime of Limited			

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASMILY LITTLE Name of Person
The Bubhing Cowwax Studio LLC
4 Hickory Track Un Address
Ocala, Fr. 34472 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSNICULITURE at (352) 679 00 3 2

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

5.00 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)

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 Comps (A Florida Limited	wax Std10 UC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2\000277369</u> .	,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The Blushing Cow Waxing S The new name must be distinguishable and contain the words "Limited Liabi	Studio UC ility Company," the designation "LLC" or the a	bbreviation "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)	127 SW 11th St Ocala, FL 34471	1024 APR 26 F
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter thenan	ne of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
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f an effective (Note: If the	ate, if other than the date of filing:	0207 (3 d as th
record spec d is filed.	cities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	April 21. 2024.	
_	Signature of a member or authorized representative of a member	