## K21000331213

(Red	uestor's Name)	
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## **COVER LETTER**

CHBIECT.	Manscapers'	s LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Kyle Lucius			
			Name of Person		
		Manscapers LLC			
			Firm/Company		
		1323 glengreen lane			
			Address		
		Lakeland FL 33813			
		<u> </u>	City/State and Zip Code		<del></del>
		kyle.lucius@yahoo.com			<del> </del>
		E-mail address: (1	o be used for future annual re	eport notification	1)
For further in	formation co	ncerning this matter, please ca	ill:		
Kyle Lucius			863 232. at ()	2714	
	Name of	Person	Area Code	Daytime Telep	phone Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	1	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

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

Manscapers's LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 7/21/2021	and assigned
Florida document number L21000331213	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Manscapers LLC	
he new name must be distinguishable and contain the words "Limited Liability 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)	
<ol> <li>If amending the registered agent and/or registered office address on our records, enter the nan agent and/or the new registered office address here:</li> </ol>	ne of the new register
Cent and/of the new registered white address here.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	(m) (m)
, Florida	Zin Coda
New Registered Agent's Signature, if changing Registered Agent:	zg) Code

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>	<u>Address</u>	Type of Action
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			□Remove
			Change
			□Add
			□Remove
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<b>ffective date, if other than t</b> an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	nust be specific and block does not n	d cannot be prior to neet the applical			iling.) Pursuant to 605.0207
record specifies a delayed effectis filed.	tive date, but not	an effective tim	ie, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
		2021	_ •		
ated July 29th	<del>- 7</del>	`			
ated July 29th	70)	,			
ated July 29th	Signature of a	member or author	ized representative o	f a member	