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(Requestor's Name)

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(City/State/Zip/Phone #)

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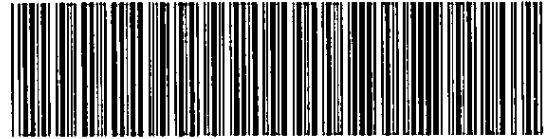
(Business Entity Name)

(Document Number)

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2022 MAR -7 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FL

03/07/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Beauty Collection LLC
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:

Manovichka Pition
Name of Person

True Beauty Collection, LLC
Firm/Company

1541 SW 116th Ave
Address

Pembroke Pines, FL 33025
City/State and Zip Code

manovichkapition@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manovichka Pition at (305) 879-4820
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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

FILED

2022 MAR -7 AM 8:51

TRUE BEAUTY COLLECTION LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 8/06/21 and assigned Florida document number L21000355240.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NSP Enterprises LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

20535 NW 2nd AVENUE
Unit 101
Miami, FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20535 NW 2nd AVENUE
Unit 101
Miami, FL 33169

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Manavukha Pition

New Registered Office Address:

20535 NW 2nd AVENUE Unit 101

Enter Florida street address

Miami, FL Florida 33169
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.

m. Pition

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>	<u>Type of Action</u>
MGR	Shiller Peltier	2719 Hollywood Blvd	<input type="checkbox"/> Add
		Suite 5131, Hollywood, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Manuela Peltier	20535 NW 2nd Ave Unit 101	<input checked="" type="checkbox"/> Add
		Miami, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated march 2, 2022

m. Cotton
Signature of a member or authorized representative of a member

Manduchika Pithon
Typed or printed name of signee

Filing Fee: \$25.00