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COVER LETTER

| | legistration Sect division of Corp | | , | | |
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| SUBJECT | r: D'Lui | | tics, Brows | s El Wellne: | ss LLC |
| | | Name of Li | imited Liability Company | | |
| | | | | | |
| The enclos | sed Articles of A | mendment and fee(s) are st | abmitted for filing. | | |
| Please retu | ırn all correspon | dence concerning this matte | er to the following: | | |
| | | | Name of Person | | 11):110 00 11 |
| | | D JUNIC L | lesthetics, | Drows & | WRITHSS LA |
| | | 161 5th St | Lveet NW Address | | |
| | | Largo 31 | 33000 City/State and Zip Code | nece 6 a mail | . 10 m |
| | | E-mail address | tics brows wells | (notification) | 10111 |
| For further | r information cor | ncerning this matter, please | | | |
| <u>S</u> n | ela Go | Person | at (<u>79)</u> <u>(</u> Area Code Da | 44 1680 Optime Telephone Number | |
| Enclosed i | s a check for the | following amount: | | , | |
| □ \$25.00 | 9 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |
| | | | | | |

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

D'Luna aeshetics, brows & Wellness LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Florida L | | | |
|--|---|---|--|
| The Articles of Organization for this Limited Liability Cor Florida document number <u>£ 21000</u> 423400 | mpany were filed on _ | 9/27/2021 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | ed liability company I | here: | |
| D'Luna aesthetics, Bra | ows & We | illness L | LC |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the | designation "LLC" or the ab | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | | |
| | | | _ |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| - | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: | office address on our | records, <u>enter the nam</u> | ie of the new registere |
| Name of their registered rigeti. | | | |
| New Registered Office Address: | Futar Fi | lorida street address | - · · · |
| | 15/10/11 | | - |
| | | , Florida | Zin Cada |
| Name Designation of Acceptance of the second | · | | Lip Chae |
| New Registered Agent's Signature, if changing Registered Agent's Signatu | Agent: | | r:> |
| I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performance on the as provided for in | of my duties, and I am j Chapter 605, F.S. Or, | familiai with and if this document is |

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 |
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| lf an etl Notes | fective date is listed, the | than the date of the date must be specific | and cannot be prior | to date of filing or more to | han 90 days afte | ional) r filing.) Pursuant to 605.0207 (2 is date will not be listed as th |
| | nent's effective date | | | | quirements, in | is date will not be listed as th |
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Filing Fee: \$25.00

Typed or printed name of signee