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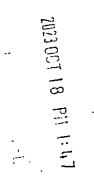
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Division of	n Section Corporations			
. Sokdolz SUBJECT:	by Jen, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	Jennifer Lopez			
		Name of Person		
		Firm/Company		
	2407 SW 6 Street			
		Address		
	Miami, FL 33135			
	Jenn 9506 jennyationbrow@gmail.com	City/State and Zip Code n		
	E-mail address: (to be used for future annual report no	tification)	
For further information	on concerning this matter, please c	all:		
Jennifer Lopez		305 528-2530 at (
Nan	ne of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for	or 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 Add		Street Address:	ogtion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 18 PH 1: 47

Sokdolz By Jen, 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 10/01/2021 and assigned Florida document number ______L21000431581 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jenovation Brow Studio, 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

___, Florida ___

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

			□ Remove
			Change
			□Remove
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fective date, if other than the date of filing: (optional)			-		_
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Filing Fee: \$25.00