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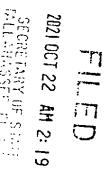
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: FANCY J'S BEAUTY SALON & BARBER 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:
KAHIE TADEMY Name of Person
Firm/Company
9415 SILVER BUTTONWOOD STREET
ORLANDO FLORIDA 32832 City/State and Zip Code Kahie tademy@ amail. Lom E-mail address: (to be used for fluture-annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) S18 - 8951 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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 Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 22 AH 2: 19

FANCY J'S BEAUTY SALON & BARBER LL (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 October 6, 2021 and assigned Florida document number <u>L21000 438 283</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAGNIFIQUE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9415 SILVER BUTTONWOOD STREET Enter new principal offices address, if applicable: DRLANDO FLOREDA 32832 (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 , Florida City 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

NA

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 = M $AMBR = A$	anager uthorized Member $ igwedge \mathcal{N} $	+	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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ective	e date, if other than the date of filing:(optional) tive 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 605.0
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cumen	it's effective date on the Department of State's records.
ecord s is filed	specifies a delay <mark>ed enective</mark> date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t 1.
ited	October 18 . 2021.
	Ratio Acdong
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00