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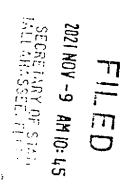
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Office Use Only



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COVER LETTER

TO: Registration Division of C	Section Corporations
	YEYEBROWS. LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Elena Kotelnikova
	Name of Person
	LOVEMYEYEBROWS, LLC
	Firm/Company
	3250 NE 1st Ave apt 715
	Address
	Miami FL 33137
	City/State and Zip Code
	lovemyeyebrows@gmail.com
For further informatio	E-mail address: (to be used for future annual report notification) n concerning this matter, please call:
Elena Kotelnikova	305 7883742 at ()
Nam	e of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV -9 AM 10: 45

Zip Code

LOVEMYEYEBROWS, LLC			SECRETARY OF STALL
(Name of the Limited (A	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)	TAECAHASSEE, FUELE
The Articles of Organization for this Limited Liab	ility Company	were filed on 10/11/2021	and assigned
Florida document number L21000444094			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liab	oility company here:	
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	Elena Kotelnikova	
(Principal office address MUST BE A STREET).	pal office address MUST BE A STREET ADDRESS) 3250 NE 1st Ave #715, Mlami FL 33137		. 33137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) <i>X</i>)		
B. If amending the registered agent and/or registered affice address became a supplied that the new registered office address became a supplied that the new Registered Agent:	istered office here: Elena Kotelnik	Kova	e name of the new registered
New Registered Office Address:	3250 NE 1st A	vc #715 Enter Florida street address	
	N 61 a		22127
	Miami	file = 1	ـــــــ 33137

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.

City

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
MGR	Elena Kotelnikova	3250 NE 1st Ave #715	■Add
		Miami, FL 33137	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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fective date, if other than the	date of filing:	10/11/2021		(optional)	
an effective date is listed, the date must	be specific and car	nnot be prior to d	late of filing or more th	an 90 days after filing.) Pu	rsuant to 605.0207 (
ote: If the date inserted in this blo ocument's effective date on the De			c statutory ming req	uneneus, tus date wit	i not be fisied as t
record specifies a delayed effective Lis filed.	date, but not an	effective time.	, at 12:01 a.m. on th	e earlier of: (b) The 90)th day after the
November 3rd		2021			
	6/	/			
,	11.01				

Typed or printed name of signee