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Division of Corporations

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Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEAUTY-FI HOUSE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTY-FI	HOUSE, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appear: I Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on	10/18/2021	and assigned	
Plorida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	re:		
ELECTRI-FI, LLC				
The new name must be distinguishable and contain the words "Limited Liai	bility Company," the de	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST RE A STREET ADDRESS)			28	
	-			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			7.7	
indiang dances division by ATOST DITTOR BOX		-		
				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	: address on our re	cords, enter the na	ے me of the new registe	
Name of New Registered Agent:				
New Registered Office Address:	Y Y	J J		
	Enter Florida street address			
		, Florida _		
	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.

If Changing Registered Agent, Signature of New Registered Agent

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Page 3 of 4
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
		 	⊡Add
			□Remove
			☐ Change
	-		□Add
			□Romove
			Change
			□Add
		-	□Remove
		·	☐ Change
			bba
			□Rcmove
			Change
			□Add
			□Remove

_____ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
HULE	five date, if other than the date of filing:
f the recordes fi	rd 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 iled.
Dated	Oct 17, 2023
	<u>Carmen Manescu</u>
	Signature of a member or authorized representative of a member
	CADMENTE MANIPOCK
	CARMEN E. MANESCU Typed or printed name of signee