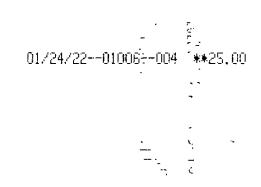
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COVER LETTER

•	istration Sec ision of Corp			
CHDIECT.	Jackie's Van	nity LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Jacqueline Carter		
			Name of Person	
		Jackie's Vanity LLC		
			Firm/Company	
		322 Oak Rose Lane, Apt. 2	201	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Tampa, FL 33612		
			City/State and Zip Code	
		jackiesvanityjv@gmail.com		
		E-mail address: ()	to be used for future annual report notif	fication)
For further in	iformation co	neerning this matter, please ca	ıll:	
Jacqueline C			813 407-8703	
	Name of	Person	Area Code Daytime	2 Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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 tadditional 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

J

Jackie's Vanity LLC		40KK.	
(Name of the Limited Liabilia (A Florida	ty Company as it now a Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liability C Florida document number <u>L21000471696</u>	Company were filed o	n November 1, 2021	and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limi	ted liability compar	ı <u>v here</u> :	
he new name must be distinguishable and contain the words "Limi	ited Liability Company,"	the designation "LLC" or the a	abbreviation "L.L.C."
enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	'ESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on o	ar records, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	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

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>	<u>Address</u>	Type of Action
MGR	Jacqueline R. Carter	322 Oak Rose Lane Apt. 201	≣Add
		Tampa, Fl. 33612	□Remove
			□Change
			□Remove
			□Change
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an effective date ote: If the date	if other than the is listed, the date must inserted in this bettive date on the Γ	ist be specific a lock does not	ind cannot be pri	ficable statutor	ng or more than ry filing requi	(option 90 days after frements, this	Hini \ Durguent	to 605,020 be listed a
ecord specifies is filed.	a delayed effective	/e date, but n	ot an effective	: time, at 12:0)	l a.m. on the c	arlier of: (b)	The 90th da	y after the
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