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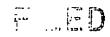
## **COVER LETTER**

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cuo uez	Samantha	Williams Artistry LLC							
SUBJEC	. r:	Name of Lin	nited Liability Company		·				
			_						
		Samantha Williams							
			Name of Person	<u>.</u>					
		Samantha Williams Artista	ry LLC						
			Firm/Company	<del></del>	<del></del>				
		4830 NW 43rd Street APT	^A-13						
		Address							
		Gainesville, Ft, 32606							
		mampchelle75@gmail.com	City/State and Zip Code						
For furth	Samantha Williams Artistry LLC  Firm/Company  4830 NW 43rd Street APT A-13  Address  Gainesville, FL 32606  City/State and Zip Code mampchelle75@gmail.com  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  ha Williams  Name of Person  Name of Person  Area Code  Daytine Telephone Number  d is a check for the following amount:  .00 Filing Fee  Certificate of Status  Certificate Of Status  Certified Copy  Certificate of Status								
		Name of Limited Liability Company  rticles of Amendment and fee(s) are submitted for filing.    correspondence concerning this matter to the following:    Samantha Williams							
	Name o	of Person	Area Code	Daytime Telephone	Number				
Enclosed	is a check for t	he following amount:							
■ \$25.0	00 Filing Fee		Certified Copy	ed) C	ertificate of Status & ertified Copy				

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2022 APR 20 AM 8: 13

Samantha Williams Artistry LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) C. C. T. T. C. T. C. T.
The Articles of Organization for this Limited Liability Company	were filed on 12/6/2021 and assigned
Florida document number <u>L21000513562</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Queen Esthetics LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1130 NW 23rd Avenue
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32609
Enter new mailing address, if applicable:	4830 NW 43rd Street APT A-13
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32606
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
		<del>-</del>	□Change
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an effective date ote: If the date	if other than is listed, the date inserted in this etive date on the	must be specif s block does	ic and cannot not meet the	e applicable	ate of filing or a statutory fili	more than 90 da	(optional) iys after filing.) I nts, this date w	Pursuant to 605.0	0207 ( d as t
record specifies Lis filed.	s a delayed effe	ctive date, bu	it not an effe	ective time.	at 12:01 a.m	on the earlie	r of: (b) The	90th day after	the
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Typed or printed name of signee