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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Peak Lews 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:
Sandra Alexander Name 6 Person
Peak Lashes LLC
18/17 Biocayne Blvd #1508
Aventura FL 33/60 City/State and Zip Code PeakLashess & Gmail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Alexander at 305, 527-2764 Name of Person Name of Person Area Code Daytime Telephone Number
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$\$\$ Certified Copy (additional copy is enclosed)\$

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

reak Lashes	LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
(11 Total Elling S	
The Articles of Organization for this Limited Liability Company	were filed onand assigned
Florida document number <u>L 22000013505</u>	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	022
(Principal office address MUST BE A STREET ADDRESS)	
	SSE PR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	38
B. If amending the registered agent and/or registered office ac	ldress 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

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 heing 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

Zip Code

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
MOR	Samantha Jules	18117 Bussayne Blvd. Aventura, FL 33160	# 1508 #
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an effe <u>fote:</u>	ve date, if other than the date of filing:
record	I 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 ed.
ated _	11/28/20-
	Signature of a member or aylthorized representative of a member
	Sandra Alexander