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COVER LETTER

Please return all correspondence concerning this matter to the following: Stephanie Goebel	Div	ision of Corp	porations		
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: Stephanie Goebel Name of Person ZenBusiness Inc. Firm/Company 5511 Parkerest Drive. Ste. 103 Address Austin. TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanie Goebel c/o ZenBusiness Inc. Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c}	SUBJECT:	•			
Please return all correspondence concerning this matter to the following: Stephanie Goebel	SUMMET.		Name of Lim	ited Liability Company	
Stephanie Goebel Name of Person	The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Name of Person	Please return	all correspor	ndence concerning this matter	to the following:	
ZenBusiness Inc. Firm/Company 5511 Parkcrest Drive, Stc. 103 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanic Goebel c/o ZenBusiness Inc. Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: \$255.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate Opy Certificate Opy Certified Copy			Stephanie Goebel		
Firm/Company 5511 Parkcrest Drive, Ste. 103 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanic Goebel c/o ZenBusiness Inc. Stephanic Goebel c/o ZenBusiness Inc. Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certified Copy Certificate of Status Certified Copy				Name of Person	
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Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanie Goebel c/o ZenBusiness Inc. Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certificate Oppy				Firm/Company	
Austin. TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanic Goebel c/o ZenBusiness Inc. 844 493-6249 at (5511 Parkcrest Drive, Ste.	103	
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Stephanie Goebel c/o ZenBusiness Inc. 844 493-6249 at (ication)
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Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: □ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Stephanie G	oebel c/o Zen	Business Inc.		
■ \$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		Name of	Person		: Telephone Number
Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	Enclosed is a	check for the	e following amount:		
	■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camryn Gabrielle Makeup Artist LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>02/14/2022</u>	and assigned
lorida document number 1.22000073937		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2240 Terra Cotta Cv., Apt. 302	20
Principal office address MUST BE A STREET ADDRESS)	Land O Lakes, FL 34639	دب 27# آن
Enter new mailing address, if applicable:	2240 Terra Cotta Cv., Apt. 302	
Mailing address MAY BE A POST OFFICE BOX)	Land O Lakes, FL 34639	7. 39
		1/2
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	 _	r the name of t
New Registered Office Address:		
ison Registered Office Addiess.	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
AMBR	Camryn Gabrielle Herr		
		855 Central Avenue, Apt. 316 St Petersburg, FL 33701	_ ■ Remove
AMBR	Camryn Gabrielle Gaulden	2240 Terra Cotta Cv., Apt. 302 Land O Lakes, FL 34639	
			Remove
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ective date, if other than the effective date is listed, the date more: If the date inserted in this temperature on the least on the l	e date of filing: ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing redepartment of State's records.	(optional) than 90 days after filing.) Pursuant to 605 equirements, this date will not be liste
record specifies a delayence 90th day after the re	ed effective date, but not an effective tim cord is filed.	e, at 12:01 a.m. on the earlie
August 1	2023	
ed		
/s/ Camryn Gabrielle		
		a member

Page 3 of 3

Filing Fee: \$25.00