Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624

Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C:1	Address:			
	MUULER'S.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAMRYN GABRIELLE MAKEUP ARTIST LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



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AUG 0 8 2024 K. Brumble To:

2024-08-09 10:49:32 UTC-14 18506176383 ARTICLES OF ANTENDMENT TO ARTICLES OF ORGANIZATION **OF**

Camryn Gabrielle Makeup Artist LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.)	···
The Articles of Organization for this Limited Liability Company Florida document number 1.22000073937		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Painted In Peaches LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1102 Newport Rd, Macon, GA 31210	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1102 Newport Rd, Macon, GA 31210	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		the name of the new
	2.7	AUG
New Registered Office Address:	Enter Florida street address	M 100 V
New Registered Agent's Signature, if changing Registered Agent:	3	
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further ag	ree 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

To:	Page: 3 of 4	2024-08-09 10:49:32 UTC-14	18506176383	From: ZenBusiness Use
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	or removed from our records:			

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Camryn Gabrielle Gaulden		Add
			Remove
		1102 Newport Rd, Macon, GA 31210	☐ Change
			□ Remove
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(If an effect Note: If	tive date is listed, the date must b	k does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursu- ry filing requirements, this date will no	ant to 605,0207 (3 Kh) ot be listed as the
	rd specifies a delayed Oth day after the recor		ctive time, at 12:01 a.m. on th	e earlier of:
Dated	ıly 31	, 2024		
	/s/ Camryn Gabrielle G	ulden		
	S Camryn Gabrielle Gaulde	gnature of a member or authorized repres	entative of a :neinber	
	Cana ya Gaeriene Gaune	Typed or printed name of si	vnce:	

Page 3 of 3

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