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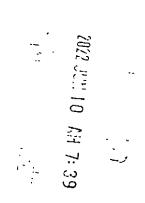
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

De-Loving			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Shina Rodnik		
		Name of Person	
	De-Loving Salon LLC		
		Firm/Company	·, ···
	2312 Runyon Ct		
	 	Address	
	Orlando, Florida, 32837		
		City/State and Zip Code	·· ·
	marcrodnik@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please e	all:	
Shina Rodnik		321 240-4793	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

2022 JETH 10 MH 7:39

De-Loving Salon LLC

(Same of the Cim	(A Florida Limited Liability Company)	·
		- 1 - 1
The Articles of Organization for this Limited 1	Liability Company were filed on 02/22/2022	and assigned
Florida document number L22000084621		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	···	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	(BOX)	
	registered office address on our records, enter the	name of the new registe
agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Marc Rodnik	
N Princeloge Allen		
New Registered Office Address:	Enter Florida street address	
	, Floric	da

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
CEO	Marc Rodnik	2312 Runyon Ct, Orlando,FL,32837	■Add
			□Remove
			Change
			🗆 🗖 Add
			□Remove
		Change	
			□Add
			□Remove
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record specifies a delayed effective is filed.	date, but not an effec	tive time, at 12.0	or a.m. on the earn	er or, (b) The 30th day i	anei me
06/08/2022 Pated	09.00	am			
1 7		<u> </u>			
	Signature of a member of				
	Signature of a member of	or authorized repre	sentative of a member	•	-

Typed or printed name of signee