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COVER LETTER

Tallahassee, FL 32314

TO:

	Registration Se Division of Cor				
eum ira		nature Notary Public LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Meghan Johnson			
			Name of Person		
		Official Signature Notary	Public LLC		
			Firm/Company		
		2852 Wainwright Ct			
		 	Address		500 600 800
		Trinity FI 34655		51	82 8Y3 EG
			City/State and Zip Code	ار مراقع از مراقع ار مراقع المواقع المواع الموا المواع الم	
		officialsignaturenotary@g	mail.com	SS	
		E-mail address: (to be used for future annual repo		
For furth	er information c	oncerning this matter, please ca	all:	71 <u>8</u>	AM III: 42
Meghan	Johnson		813 46136 at ()	59	
	Name o	f Person	Area Code D	Oaytime Telephone Number	 -
Enclosed	l is a check for th	he following amount:			
□ \$2 5.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section Sectio	of Status &
	Mailing Addres		Street Addre		
	Registration S		Registratio	n Section f Corporations	
	Division of C P.O. Box 632	-		of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on 02/2	2/2022 and assigned
lorida document number L22000095381	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company her	<u>e</u> :
Sacred Brow & Wax LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	77 CO
nter new mailing address, if applicable:	SO = FT
	m _v = 0
Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	N
3. If amending the registered agent and/or registered office address on our register and/or the new registered office address here: Name of New Registered Agent:	cords, <u>enter the name of the new reg</u>
Traine of thew Registered Argent.	
New Registered Office Address:	do street address
New Registered Office Address: Enter Florid	da street address

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>	Name	Address	Type of Action
			□Remove
			Change
			□Remove
			Change
			Add
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			□ Remove
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fective date, if other than the date of filing:				(optional)			
n effective date is listed, the date must be specific and cannot be			ore than 90 day	ys after filing.			
ote: If the date inserted in this block does not meet the apcument's effective date on the Department of State's rec		atutory minį	g requiremen	its, this date	will no	t be liste	da
record specifies a delayed effective date, but not an effect is filed.	ive time, at	12:01 a.m. c	on the earlier	of: (b) Th	e 90th (lay after	the
March 13 2023							
	Cas A						
Signature of a member or	<u>I W.X</u>	epresentative					