# L22000102552

| (Re                     | equestor's Name)                       |      |
|-------------------------|--|------|
|                         |  |      |
| (Address)               |  |      |
|                         |  |      |
| (Address)               |  |      |
|                         |  |      |
| (Cit                    | ty/State/Zip/Phon                      | e #) |
| PICK-UP                 | WAIT                                   | MAIL |
| (Bu                     | usiness Entity Na                      | me)  |
|                         | ocument Number                         |      |
| (Δ.                     | coment Number,                         | )    |
| Certified Copies        | ertified Copies Certificates of Status |      |
|                         |  |      |
| Special Instructions to | Filing Officer:                        |      |
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SECHETARY OF BIATIONS
DIVISION OF CONFORATIONS
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T. MATTHEWS APR 15 2022

## **COVER LETTER**

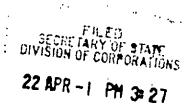
| TO: Registration Secti<br>Division of Corpo |   |  |  |
|---|---|--|--|
| SUBJECT: The KU                             | Hicle Kueen LC                                  |  |  |
|   | Nutre of Islin                                  | ned maomy company  |  |
| The enclosed Articles of An                 | nendment and fee(s) are sub                     | mitted for filing.   |  |
| Please return all correspond                | ence concerning this matter                     | to the following:  |  |
|   | Katlyn Jo                                       | Name of Person   |  |
|   |   | Firm/Company   |  |
|   | 3040 NW S                                       | econd Ave Su   | jite 1B  |
|   | Miami, FL                                       |  |  |
|   | the Kuticle Kueen (0                            | City/State and Zip Code  GMGI - COM  to-be used for future annual report | notification)  |
| For further information cond                | cerning this matter, please ca                  |  | ,  |
| Katlyn Johnson<br>Name of Pe                | erson   | at ( <u>305</u> ) <u>326</u><br>Area Code Da                             | - 3469<br>ytime Telephone Number   |
| Enclosed is a check for the t               | 'ollowing amount:                               |  |  |
| Sd \$25.00 Filing Fee                       | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahaccaa El 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Kuticle Kueen LLC.



| (Name of the Limited Liability Compa<br>(A Florida Limited I   | iny as it now appears on our records.) Liability Company)         |  |  |  |  |
|--|---|--|--|--|--|
| The Articles of Organization for this Limited Liability Company were filed on March 01,2022 and assigned Florida document number <u>L22000102552</u> |   |  |  |  |  |
| This amendment is submitted to amend the following:  |   |  |  |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "LLC" or the abbreviation "L.L.C." |  |  |  |  |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)   | 3040 NW Second Ave.<br>Suite 1B                                   |  |  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | Miami, FL 33127  3040 NW Second Ave.  Suite 1B  Miami, FL 33127   |  |  |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:                                    | address on our records, enter the name of the new registered      |  |  |  |  |
| Name of New Registered Agent:  |   |  |  |  |  |
| New Registered Office Address: 3040 N  | NW Second Ave Suite 1B Enter Florida street address               |  |  |  |  |
| Mica   | ni 33127  |  |  |  |  |

### 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 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> | Address     | Type of Action |
|--------------|-------------|-------------|----------------|
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|--|
| I would also like to change the phone number on file.  |
| I want to discontinue the number (305) 326-3469. and   |
| leave the information blank until further notice.  |
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| E. Effective date, if other than the date of filing: March 01/2022 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record 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 record is filed.  |
| Dated March 20 , 2022 .  |
| Dated March 20 , 2022 .  We signature of a member or authorized representative of a member   |
|  |
| Katlun Johnson   |

Typed or printed name of signee