## KZZ000207799

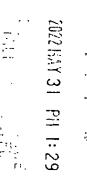
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of 3/6/2022

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	NIQUE BEAUTY, LLC  Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	DENISSE COVARRUBI	AS				
		Name of Person	<del></del>			
	SEMPLE MARCHAL &	COOPER, LLP				
		Firm/Company				
	3101 N. CENTRAL AVE	NUE. SUITE 1600				
		Address				
	PHOENIX, AZ 85012					
	<del></del>	City/State and Zip Code				
	DCOVARRUBIAS@SEM					
		to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
DENISSE COVARRUB	IAS	at ()				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for th	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed			
Mailing Addres		Street Address:				
Registration S Division of C		Registration Se				
P.O. Box 632		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAY 31 PH 1: 29

LISA MONIQUE BEAUTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Comp	any were filed on 05/01/2	2022	and assigned
Florida document number L22000207799			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
LISA MONIQUE MEDIA, LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	nation "LLC" or the abbr	eviation "L.IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Planting undertas NOTI BE AT OUT OF OTTICE BOX			
B. If amending the registered agent and/or registered offi	ce address on our recor	ds, enter the name	of the new registered
agent and/or the new registered office address here:		·	
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
new registered office reduces.	Enter Florida s	treet address	
		Florida	
·	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and oppositions of all statutes relative to the proper and complaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my as provided for in Chap	duties, and I am far oter 605, F.S. Or, if	niliar with and this document is
If (	Changing Registered Agent,	Signature of New Regis	tered 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>	Address	Type of Action
			□Add
			□Remove
		<del></del>	□ Change
		<del></del>	□Add
			□Remove
			Change
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E 64									
Note: If	e date, if other tive date is listed, to the date inserted it's effective dat	d in this block	does not m	eet the appl	icable statu	filing or more tory filing re	han 90 days at quirements, t	tional) ter filing.) Purs his date will	suant to 605.0207 not be listed as
e record s rd is filed	specifies a delay I.	ed effective da	ite, but not	an effective	time, at 12	:01 a.m. on t	ne earlier of:	(b) The 901	h day after the
Dated	IAY 20			2022					
Dated	· • •		A-:		<del>- /</del> /				
Juico		_	$\Delta I = 0$	1	1 /				

Filing Fee: \$25.00

Typed or printed name of signee