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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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2022 DEC -S AMIN: CO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Zenful Becuty Name of Limited 1	Sclon IIC Jability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to th	e following:
Simone Co	Name of Person
Zenfui	Firm/Company
_1585 NW 14	Terrace Address
<u>Homestead</u>	FL 33030 En Sity/State and Zip Code
Zenful beau E-mail address: (to be	lus la Gorard an
For further information concerning this matter, please call:	used for future annual report notification)
Simme Collins Name of Person	at (305) 305-1977 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup \$\B	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zenlul Bo	Zenlul Beauty Salon LLC (Name of the Limited Liability Company as it now appears on our records.)		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability C		3/2027	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	(ESS)		202
			屬
		23	1
Enter new mailing address, if applicable:			oп ,
**			
(Mailing address MAY BE A POST OFFICE BOX)		- <u> </u>	···
		177	-3
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ls, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		Florida	
	City		p Code

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
MGL	Paula Collins	1585 NW 14 Terrace	©Kdd
		Homestead, FL 33030	□Remove
			□Change
AMBR	Simone Coilins	1585 NW 14 Terrace	NAdd
		Homestead, FL 3303	☐ □Remove
			□ Change
AMBR	Kaylin Garcia	1585 NW 14 Terrace	□Add
	Homestead, F-L 33030	DRemove	
		□Change	
			Change
		Remove	
			Remove
			□Add
		□Remove	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be poote: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reconstruction.	plicable statu		han 90 days af			
record specifies a delayed effective date, but not an effectiv is filed.	ve time, at 12	:01 a.m. on ti	ne earlier of:	(b) The 90	th day ε	ifter the
ated	·	Part	2 C	llo		
			<u> </u>			•
Signature of a member or a	uthorized repr	esentative of a	member			