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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	e Love Lash B	pauty Bar LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessica 1	_ CIULY Name of Person	
		Firm/Company	2022 SEP
	3751 Mack	CNZIC CT Address	12 PH
	Palin Hark	OCY FL 3408 City/State and Zip Code	PH12: 07
	JESSI COLCIU E-mail address: (t	er 22 @ GM CLL. To be used for future annual report notion	(^()\/\) lication)
For further information c	oncerning this matter, please ca	all:	
JESSICA Name o	L.CULLT f Person		2949 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Address Registration S		Street Address: Registration Sec	ction
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVE LOVE Lash B	eautu Bar uc	2 <u>1</u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear's on our records.) .iability Company)	višie 122 S
The Articles of Organization for this Limited Liability Company Florida document number 122000269825 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability		ACIANY OF STAFE ON DEPOSION OF
The new name must be distinguishable and contain the words "Limited Liabil	1 LC	Land Carlotte M. L. C. N.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Sa-Fety Harbor	FL3460
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1410 8th Ave N Scifety Harbor,	FL341095
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City:	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am for ovided for in Chapter 605, F.S. Or, i	amiliar with and if this document is

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>	Address	Type of Action
			□Add
			□Remove
			□Change
	*****		□Add
			□Remove
			Change Ch
			HOROTORIA TIER
			□ Add
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Effective	date, if other than the date of filing:	
	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I the date inserted in this block does not meet the applicable statutory filing requirements, this date w	
locument	's effective date on the Department of State's records.	
record si	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
d is filed.		- war any tantor the
Dated	September loth 2022.	
Dated	WHITTON WITH, ZUCZ.	
	1 Jalles	
	Signature of a member or authorized representative of a member	
	Tessica Lauer	