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COVER LETTER

Division of Corporations
SUBJECT: DLUXED BEAUTY LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daisy Rodriguez Name of Person
DLUXED BEAUTY LLC Firm/Company
4790 overseas hung Apt 204
City/State and Zip Code City/State and Zip Code Nearty rebelot a gmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daisy Realing at 766 675-9718 Area Code Daytime Telephone Number AFR 5
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S55.00 Filing Fee}} \sum_{\text{S60.00 Fi}} \sum_{\text{S40.00 Filing Fee}} \sum_{S40.00 Fil

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLUXE (Name of the Limited L	BEAUT	YLLC	one orde)		
(Name of the Limited L. (A F	londa Limited Liability	Company)	XXX1431)		
The Articles of Organization for this Limited Liabili		led on <u>07 - \</u>	18 - 202 2	and ass	igned
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liability co	mpany here:			
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," the designation	"LLC" or the abbre	wiation "L.	 L.C."
Enter new principal offices address, if applicable	• •			-3	
(Principal office address MUST BE A STREET A)	DDRESS)		SECRI	022 SE	
Enter new mailing address, if applicable:			LAHASSEE O	P 16 PM 4	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			λτη ω	
B. If amending the registered agent and/or registagent and/or the new registered office address he		on our records, <u>e</u>	nter the name o	of the new	y registere
Name of New Registered Agent:	Dais	y Rodric	guez_		
New Registered Office Address:	4790 a	LY SPAS M Enter Florida street a	M AP1	204	
_	Marath	ich	_, Florida	330S	<u>>O</u>
Now Dogistand Agent's Comptum: If shareing David					

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>	<u>Name</u>	Address	Type of Action
MGA	Daisy Rodriguez	4790 arexsess buy Apt	i\sum_Add
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