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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Foreign Luxe Extensions & 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:
AlexisT Dupree Name of Person
Foreign Luxe Extensions + Beauty LLC
401 & Jackson St Ste 2340
TAMPA, FL 33602 City/State and Zip Code
Foreign uxeexte a mail com Grand address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexis Dupree at 813, 945-2865 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certified Copy (additional copy is enclosed)\$\$

Mailing Address:
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

Foreign Luxe Extens (Name of the Limited Liability Compa (A Florida Limited I.	DIONS OF BOOK ny as it now appears on our reconnability Company)	ty LLC
The Articles of Organization for this Limited Liability Company Florida document number (2200332863)	were filed on <u>07/25/</u>	26.2.2 and assigned
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	HOI & Jack	On ST Ste 2340 _ 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	401 & Jacks TAMPA	50n St 5te2340 FL 3360a
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, F	lorida
	Onk	ing. Court

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Ma AMBR = Au	nnager Ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AlexisT Dupree	10213 Mangrove Well R	⊘ № Add
		Suncity Center, FL 335	73 Remove
			Change
AMBR	Justin J Evans	10213 mangrove Well Rd	□Add
		Suncity Center, FL3357	23□Remove
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ffective date is listed If the date insert	d, the date must be specific ted in this block does no date on the Department of	and cannot be prior to out of the cannot be prior to out of the capplicable applicable and the cannot be carried and cannot be prior to out of the carried and cannot be carried	date of filing or more the e statutory filing requ	an 90 days after filing.)	Pursuant to 605,0; ill not be listed
ord specifies a dela filed.	ayed effective date, but i	not an effective time	e, at 12:01 a.m. on the	e earlier of: (b) The	90th day after t
augu	81 48	2022	}		
	Austria o Signature o	A member or authorize	wed representative of a r	nember	
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