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TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Sec Division of Cor			
SUBJEC	т: <u>Jaole</u>	Andrew Make Name of Lim	Pup Artistry U ited Miability Company J	<u>.c</u>
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	urn all correspon	ndence concerning this matter	to the following:	
		Miranda -	TVEVINO Name of Person	
		Jade Andrei	Wakeup Artist	rylic
		136 clark	Address	
		Labelle, FL	33935 City/State and Zip Code	
		mirandad tve E-mail address: (v Camail. com	fication)
For furth	er information co	oncerning this matter, please ca	all:	
Mir	anda Ti Name of	Person		4482 e Telephone Number
Enclosed	is a check for th	e following amount:		
\$\$25.0	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 Address Registration S	ection	Street Address: Registration Sec	
	Division of Co	orporations	Division of Cor	роганопѕ

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JADE ANDREW MAKEUP ARTISTRY LLC

2023 DEC -7 AM 8: 04

(Name of the Limited Liability Company as it now appears on our regress E TARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 11/04/2022 and assigned Florida document number 1.22000473986 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE DOLLHOUSE BEAUTY CO. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida ___

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

Title	<u>Name</u>	Address	Type of Action
			□Remove
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