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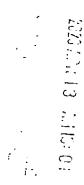
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COVER LETTER

TO: Registration Section

Division (of Corporations	
SUBJECT:	Skin Blend	dz Cut: Style, LLC
	Name o	f Limited Liability Company
	1	and a little of Co. Clins
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.
Please return all co	rrespondence concerning this m	atter to the following:
	Eri	Name of Person
		,
	Skin	Blendz Cut: Style, LLC
	~ ~	
	(323	W. Cervantes Street
		A 3.1
	Pensa	CSLC FC 32501 City/State and Zip Code end Z borborshop@gmail. Com ess: (to be used for future annual report notification)
		City/State and Zip Code
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For further informa	ation concerning this matter, plea	ase call:
Enc D.	Brock	ase call: at (450) Area Code Daytime Telephone Number 0
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	x for the following amount:	11 fees praviously paid 11): =
□ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of State	
Mailing A	Address:	Street Address:
Registra	tion Section	Registration Section
	of Corporations	Division of Corporations
P.O. Bo	x 6327 ssee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skin Blandz cuti Style, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Feb 24, 2023 and assigned Florida document number <u>L</u> 230 000 43840 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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:

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.

City

Enter Florida street address

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>	<u>Address</u>	Type of Action
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