

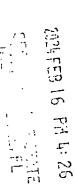
| (Requ | iestor's Name) | |
|-----------------------------|-----------------|-------------|
| (Addr | ess) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nai | me) |
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| Certified Copies | Certificate: | s of Status |
| Special Instructions to Fil | ling Officer: | |
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COVER LETTER

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|---------|---|--|---|---|---------------------------------------|--|
| | DAGLOW | SKINCARE AND COSMETI | CS LLC | | | |
| SUBJI | ECT: | Name of Lim | ited Liability Company | | | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | | |
| | | DALIE PHILISTIN | | | | |
| | | | Name of Person | ······································ | | |
| | | | Firm Company | | - | |
| | | 1422 WILEY STREET | | | | |
| | | - | Address | | • | |
| | | HOLLYWOOD, FL 33020 | 0 | | | |
| | | dgskineareandcosmetics(a)g | City/State and Zip Code (mail.com | | 2001, FED. 16 | |
| | | E-mail address. (| to be used for future annual report not | (lication) | 16 | |
| For fur | ther information e | oncerning this matter, please c | all; | | · · · · · · · · · · · · · · · · · · · | |
| DALII | E PHILISTIN | | 786 515-8221 at () | | 1 26 F 26 | |
| | Name o | i Person | Area Code Daytin | ie Telephone Number | | |
| Luclos | ed is a check for th | ne following amount: | | | | |
| -: S2 | 5 00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | icate of Status & | |
| | Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I | Section orporations 7 | Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI | rporations Fallahassee oc Street, Suite 8 | 10 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DAGLOW SKINCARE AND CO | | |
|--|---|--|
| (Name of the Lim | ted Liability Company as it now appears on our record (A Florida Limited Liability Company) | <u>(15.</u>) |
| The Articles of Organization for this Limited I | Liability Company were filed on 03/07/2023 | and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company here: | |
| DAGLOW SKINCARE COSMETICS AND BEA | AUTY LLC | |
| he 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 appli | cable: | |
| Principal office address MUST BE A STRE | | |
| 7. Maryan office and the second of the secon | | · · · · · · · · · · · · · · · · · · · |
| | | r~? |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | | |
| Matting dairess MAT BL ATOST OFFICE | <u></u> | |
| | | 77 |
| B. If amending the registered agent and/or | registered office address on our records, enter | ر المان المستخدم : the name of the new registere |
| agent and/or the new registered office addre | | F7E 25 |
| Name of New Registered Agent: | GPS ADVANCE CONSULTING INC | |
| New Registered Office Address: | 4620 W COMMERCIAL BLVD STE 7B | |
| New Registered Office Address. | Enter Florida street addre. | 333 |
| | TAMAPAC | 33301 |

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.

Cia

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> | Name | Address | Type of Action |
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| ffective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing reseminent's effective date on the Department of State's records. | | 5.02 |
| record specifies a delayed effective date, but not an effective time, at 12:04 a.m. on this filed. | the earlier of: (b) The 90th day afte | er th |
| rted FEBRUARY 10TH 2024 | | |
| DAL E PHILOST Signature of a member of authorized representative of a | | |