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Y. SCOTT NOV - 9 2023 Michelle Dattolo

Address:

112 Oyster Bay Way Ponte Vedra, Fl 32081

SECRETARY OF STATE DIVISION OF CORPORATIONS
2023 NOV - 3 PM 3: 16

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: Brow Therapy and Design LLC Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	Michelle Dattolo Name of Person
	Brow Therapy and Design
	112 Oyster Bay Way
	Ponte Vectra, FI 32081 City/State and Zip Code Michelle Ixonne @ Me. com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: ichelle Dattolo at (732) 832-9362 & San State Code Daytime Telephone Number San State Code San State Cod
For furt	ther information concerning this matter, please call:
M	ichelle Dattolo at (732) 832-9362 w Same of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
□ \$25	5.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brow Therapy	
(Name of the Limited Liability Compa- (A Florida Limited I.	hy as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company lorida document number	were filed on May 2nd, 2023 and assigned
This amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabi	ility company here:
Cultured Brow	L.L.C.
he new name must be distinguishable and contain the words "Limited Liabili	
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	112 Oyster Bay Way Ponte Vedra, F1 32081
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	112 Oyster Bay Way Ponte Vedra, Fl 32081
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered
	Enter Florida street oddress Florida
	City Zip Code:
ew Registered Agent's Signature, if changing Registered Agent:	σ

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

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