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COVER LETTER

TO:

Registration Section

Division of Co	rporations							
	SQUARE LLC							
SUBJECT:	Name of Lin	nited Liability Company	-					
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	Dineya Gomez							
	-	Name of Person						
	Tabadesa Associates Grou	ıp INC						
		Firm/Company						
	419 W 49th ST_STE 111		71.7 1					
Tabadesa Associates Group INC Firm/Company 419 W 49th ST STE 111 Address Hialcah FL 33012 City/State and Zip Code dineyag@tabadesa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dineya Gomez Name of Person Name of Person Area Code Daytime Telephone Numi Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Street Address:								
	Hialeah FL 33012							
		City/State and Zip Code	ification)					
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For further information c		·	ification)					
	oncerning this matter, prease c							
		at ()						
Name o	t Person	Area Code Daytin	ne Telephone Number					
Enclosed is a check for the	ne following amount:							
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Registration S	Section	<u>Street Address:</u> Registration Se	ction					
Division of C	•	Division of Cor	porations					
P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/16/2023 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 1.23000291844 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARCADIA BEAUTY BAR LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 140 ROYAL PALM ROAD APT 208~ -Enter new mailing address, if applicable: HIALEAH GARDENS FL 33016 (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: YOANRY HERNANDEZ Name of New Registered Agent: 12516 PINES BLVD New Registered Office Address: Enter Florida street address PEMBROKE PINES

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title Name Address ____ □ Add □Remove _____ □Change _____ □Add _ □Remove ____ iChange ÐAdd __ □Remove _____ □Change □Remove □ Change _____ □Remove .___ □Change _____ □Add _____ □ Remove

_____ ∐Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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effective date is listed, the date n	nust be specific and cann	ot be prior to date o	f filing or more than	(optio 90 days after	filing) Purs	iant to 605.0
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