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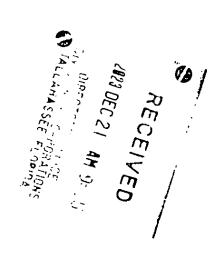
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
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| C: | , ? | | |
| SUBJECT: JULIETY | Mer's Beauti | invige le | |
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Dominea | Name of Person | |
| | | (value of Ferson | |
| | | Firm/Company | - |
| | Sifa Souther | cide Blud Art | 1810 |
| | Jacksonile | FC 32.250 City/State and Zip Code | |
| | | errose waxing i com to be used for future annual report notif | |
| For further information of | oncerning this matter, please ca | all: | |
| Domineach | Bound | at (3 2) 299 - Area Code Daytime | 7064 |
| Name o | f Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u> Registration S | | Street Address: Registration Sec | ction |
| Division of C | | Division of Cor | |
| P.O. Box 632 | | The Centre of T | allahassee |
| Tallahassee, l | FL 32314 | 2415 N. Monroe | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Same of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Compan Florida document number <u>して3らいる324134</u> | were filed on $\frac{7/10/2073}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited lial</u> | pility company here: |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 9303 Bayneadars Rd + |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 130 |
| | Jackson. He FC 32256 |
| Enter new mailing address, if applicable: | 8700 Southside Blod |
| (Mailing address MAY BE A POST OFFICE BOX) | Jackson VIIIG FL 32250 |
| | Jackson VILL FL 32256 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| | exick Brown |
| | Enter Florida street address |
| Jackson | City Florida 3225c Zip Code |
| Now Registered Agent's Signature if changing Registered Agent | |
| Nase Magnetoron Agant's Nignatura it enanging Medistered 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

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> | Address | Type of Action |
|--------------|-----------------|------------------------|----------------|
| MGR_ | Domingack Brown | 8700 Sathaide Stun | 🗆 Add |
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| (If an effective Note: 1: | e date, if other than the date of filing: |
| he record ord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| Dated _ | 12/21 2063 |
| | 12/21 . 2003. Homeark Blow Signature of a member or authorized representative of a member Ormina and Brown Typed or printed name of signee |
| | Dominicack Brown |

Filing Fee: \$25.00