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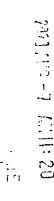
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	





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COVER LETTER

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TO: Registration Section

Division of Corp	porations		
SUBJECT:	asis Wax And	+ Beauty L.C	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Diago satura all aurocanor	dana assauming this matter	to the following:	
riease return an correspoi	idence concerning this matter	to the tonowing.	
	14.	. v 0 .	
	Mirar	rleep h. Camb	<u>ow</u>
	Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. Correspondence concerning this matter to the following: Correspondence concerning this matter to the following: Correspondence concerning this matter to the following: Correspondence concerning this matter to the following: Correspondence concerning this matter to the following: Correspondence concerning this matter to the following: Correspondence concerning this matter to the following: Correspondence concerning this matter to the following: Correspondence concerning this matter to the following: Correspondence concerning this matter to the following and Zip Code E-mail address: to be used for follow singual report notification) Correspondence concerning this matter to the following and Zip Code E-mail address: to be used for follow singual report notification) Correspondence concerning this matter to the following and Zip Code E-mail address: to be used for follow singual report notification) Correspondence concerning this matter to the following: Correspondence concerning		
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		Address	
	Sa	oford, FL 3277	1
	K.K.	cambow @ amail.com	
	E-mail address: ()	to be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	all:	i,
1.			~
- Hir and	eep K Cambon) at (380) 341-5	<u>548</u>
ivame of	rerson	Area Code Dayum	e reiepnone Number
			1.1
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
			(additional copy is enclosed)
★ Mailing Address	<u>:</u>	Street Address:	
Registration S	ection	Registration Se	
Division of Co P.O. Box 6327			•
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

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

— Oasis Wax and P	Seauty LLC
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number 12300352460	7 26 2023 and assigned
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," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	;~)
(Principal office address MUST BE A STREET ADDRESS)	
	17
Enter new mailing address, if applicable:	~• ; :
- 13	unit d
(Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	лр со ае

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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>	Name	Address	Type of Action
AMBR	Kirandeep K. Camb	on 1670 swallowtail Ln. Sanford, FL 32771	\X\dd
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to o	(optional)	
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be lis	15.0207 sted as
record specifies a delayed effective date, but not an effective time d is filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated August 1 . 2023		
_	**	
Signature of a member or authorize	ed representative of a member	
	ou representative or a member	
agnature of a memoer of authoriz	7	