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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GERTRUBE [SEAUTY STYLE // C. Name of Limited Liability Company
	Name of Limpled Liability Company
The enclosed Articles of Amendment and i	ee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
_	rude Toussaint Name of Person
<u>GEK</u>	Firm/Company/ Style LLC
815/	NW 120th 5t
N. Mis Ger	City/State and Zip Code Frude 12373 Og mail Cont mail address: (to be used for future innual report notification)
For further information concerning this ma	tter, please call:
Gertrude Tousson Name of Person	at (786) 316 28 16 53 Area Code Daytime Telephone Number 53
Enclosed is a check for the following amou	int:
\$25.00 Filing Fee S30.00 Filing Certificate	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GERTRUDE BEOUTY STYLE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(,	A Florida Limited Liability Comp	any)	
The Articles of Organization for this Limited Lial Florida document number 123000H		n <u>09-05-</u>	2023 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	the limited liability compar	nv here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company,"	the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		<u>. </u>
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			**************************************
(Mailing address MAY BE A POST OFFICE B	OX)		
			20
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B. If amending the registered agent and/or reg		our records, <u>enter t</u>	the name of the new registered
agent and/or the new registered office address	here:		
Name of New Registered Agent:			THE T
New Registered Office Address:			: 00 FL
	Ente	er Florida street address	<u></u>
		, Flo	rida
	City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this cl	r and complete performand ered agent as provided for egistered office address, I k	ce of my duties, and in Chapter 605, F	d I am familiar with and E.S. Or, if this document is

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	Gertrude Toussaint	815 NW 120th St	🗹 Add
		North Minami, Fl 33168]_ □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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			□Change
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fective date, if other the in effective date is listed, the ote: If the date inserted in cument's effective date of the other than the other	date must be specific at n this block does not	nd cannot be prior to dat meet the applicable s) Pursuant to 605.0207
ecord specifies a delayed is filed.	effective date, but no	ot an effective time, a	at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
12 13		, 2023	- /	ĵ (,	
ited / [- 13				(_ / //	6/1/0 2
ated <u>/2-13</u>		a member or authorized	representative of a mo	ember /	molt

Filing Fee: \$25.00