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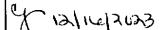
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COVER LETTER

TO: Registration Section

Division of Cor	porations			
La Lune Be	eauty Supply LLC			
SUBJECT:				
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mirlina Jean Mary			
		Name of Person		
	La Lune Beauty Supply LI	.C		
		Firm/Company		
	1240 Providence Blvd Suit	te 3		
	<u> </u>	Address	· · · ·	
	Deltona FL 32738			
		_ .		
	info@lalunebeautysupply.co	City/State and Zip Code		
		to be used for future annual report noti	(Figurian)	
		·	incuracy	
	oncerning this matter, please c			
Mirlina Jean Mary		407 733-0260		
Name o	f Person	at () Area Code Daytim	ne Telephone Number	
		, new source	e receptione rounted	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 DEC -4 AM 11: 04 La Lune Beauty Supply LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ______ 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," the designation "LLC" or the abbreviation "LLC." 1240 PROVIDENCE BLVD SUITE 3 Enter new principal offices address, if applicable: DELTONA FL 32725 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 1240 PROVIDENCE BLVD SUITE 3 (Mailing address MAY BE A POST OFFICE BOX) DELTONA FL 32725 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

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	LOUISEMIR EMILIEN	1240 PROVIDENCE BLVD SUITE 3	
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		DELTONA FL 32738	= Remove
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The effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207, te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a nument's effective date on the Department of State's records, second 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 is filed. NOVEMBER 27 2023 Additional Heavier of a member or authorized representative of a member.	* CORRECT ADDRESS: 1240 P	ROVIDENCE BLVD S	UITE 3, DELTONA	FL 32725	
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