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COVER LETTER

TO:		istration Sec ision of Corp					
SUBJEC	cer.	MAGIC BE	AUTY PRODUCTS LLC				
SUBJEC	CI:	Name of Limited Liability Company					
The encl	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn	all correspon	ndence concerning this matter	to the following:			
			MARIA FERNANDA DIA	AZ MARTINISI			
				Name of Person			
			MAGIC BEAUTY PROD	UCTS LLC			
			-	Firm/Company	aytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
			439 LAKE VIEW DRIVE	APT 204			
				Address			
			WESTON, FL 33326				
				City/State and Zip Code			
			HELLO@MAGGIEBEAU				
			E-mail address: ((to be used for future annual report notification)			
For furth	her in	iformation ec	oncerning this matter, please c	rall:			
MARIA	FER	RNANDA DI	AZ MARTINISI	754 248-7084 at ()			
		Name of	Person	Area Code Daytime Telephone Number			
Enclosed	d is a	check for the	e following amount:				
□ \$25.	.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Sta (additional copy is enclosed) Certified Copy	itus &		
		ling Address		Street Address: Registration Section			
	Div	ision of Co	orporations	Division of Corporations			
). Box 6327 lahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGIC BEAUTY PRODUCTS LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000534440</u>	were filed on 12/01/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
MAGGIE BEAUTY LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	439 LAKE VIEW DRIVE, APT 204
Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33326
Enter new mailing address, if applicable:	439 LAKE VIEW DRIVE, APT 204
Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33326
	:
	ယ် -
3. 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 regis
Name of New Registered Agent:	9 50
New Registered Office Address:	
	Enter Florida street address
	. Florida Zin Code
	City Zin Code

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 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
			□Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			□ Change
			□Add
			□ Remove
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 -			
			□Remove
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			□Add
			□Remove
			□Change

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		Signature of a member or authorized representative of a member
MARIA FERNANDA DIAZ MARTINISI		
		Typed or printed name of signee

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