L23000538993

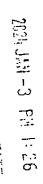
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COVER LETTER

Registration Section Division of Corporations

TO:

	BEAUTY STUDIO LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	RAQUEL MURCIA					
		Name of Person				
LUNURY AESTHETIC STUDIO LLC						
		Firm/Company				
	5865 CARIBBEAN BLVD	O APT 1605				
	·····	Address				
	WEST PALM BEACH FL	ORIDA 33407		SECRETAL YAL		
		City/State and Zip Code		二級		
	raquel_murcia@icloud.com					
	E-mail address: (t	to be used for future annual report not	fication)	ω		
For further information	concerning this matter, please co	ill:				
RAQUEL MURCIA		305 315-6113		1:25		
Name	of Person	at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
☐ \$25.00 Filing Fee		(additional copy is enclosed) Certific		Filing Fee, ate of Status & d Copy d copy is enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY BEAUTY STUDIO LL	C	
(Name of the Limi	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number <u>L23000538993</u>	iability Company were filed on 12/0	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name o	of the limited liability company her	<u>e</u> :
LUXURY AESTHETIC STUDIO LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE)	<u> </u>	
		707. 1707.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	(BOX)	
		<u> </u>
B. If amending the registered agent and/or	registered office address on our re	
agent and/or the new registered office addre		FIG. 8
Name of New Registered Agent:	RAQUEL MURCIA	
New Registered Office Address:	5865 CARIBBEAN BLVD APT 1	605
	Enter Flori	da street address
	WEST PALM BEACH	Florida 33407
	City	Zip 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
	46		□Add
			□Remove
			□Change
			□ Add
			⊡Remove
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			- Granne
			To the Change
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Effective date, if other than the (If an effective date is listed, the date must	date of fil	ling:	be prior to	date of tiling	or more than '	(optic	onal) filing) Purs	nant to 60	15 0207
Note: If the date inserted in this bidocument's effective date on the D	oek does ne	n meet the	e applicabl	e statutory	filing require	ments, this	date will i	not be lis	ted as
the record specifies a delayed effective cord is filed.	e date, but i	not an effe	ective time	, at 12:01 a	.m. on the ea	rlier of; (b) The 90tl	h day afte	er the
Dated DECEMBER 10		202.	3						
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Filing Feet \$25.00