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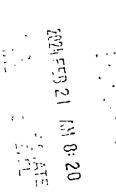
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COVER LETTER

TO:	Registration Se Division of Cor				•		•
		UTY STUDIO LLC					4
SUBJI	ECT:	Name of Lim	nted Liability Company				
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		ANYLT, DELLEPTANE					
			Name of Person				
		ANYI BEAUTY STUDIO	LLC				
	Furn Company						
		307 WATERWAY VILLA	GE CT				
		GREENACRES, FL. 3341					
		 	City State and Zip C	ode			
		ANYIBEAUTYSPAarGMa	ML,COM to be used for future an				
				лин тереп пони	cation)		
For fur	ther information co	oncerning this matter, please co	ıll:				
ENZO	DELLEPIANE		561	446-2104		2021	
	Name of	Person	Area Code	Daytime	Telephone Number	2721, CEP 21	37
Enclose	ed is a check for th	e following amount:				· · · · · · · · · · · · · · · · · · ·	
≅ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55-00 Filing I Certifica Cope (additional copy)	<u> </u>	Certified C	ng Feger (2) 69 cof Status & 20 Copy Fig. 20 copy is enclosed)	, ,)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 +

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANYI BEAUTY STUDIO LLC			
(Name of the Lim	i <mark>ted Liability Com</mark> + X Florida Emited	pany as it now appears on our recoi I Liability Company)	rds.)
The Articles of Organization for this Limited I Florida document number <u>L24000074944</u>		y were filed on 2 12/2024	and assigned
This amendment is submitted to amend the fol	Howing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli	icable:	bility Company," the designation "LL	.C" or the abbreviation "L.E.C."
Enter new mailing address, if applicable:		307 WATERWAY VILLAG	E CT
Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	GREENACRES, FL. 33413	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:	ANYIT. DEI	LEPIANE	<u>ग</u> ्र
New Registered Office Address:	307 WATER	WAY VILLAGE CT	20
	Z10.1784 - Z18	Enter Florida street addis e.	
	GREENACR		oss Harminer 33413

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 companishes been notified in writing of this change.

Cirv

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

Title	Name	Address	Type of Action
AMBR	ANYUU, DELLEPIANE	367 WATERWAY VILLAGE CT GREENACRES, F	l 33413 _≣Add
			_ □Remove
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ote: If the date inse	erted in this block doc	of filing:	to date of filing or more than able statutory filing requir	(optional) 90 days after filing.) Pu ements, this date wil	irsuant to 605.05
ote: If the date inse coment's effective	erted in this block doc date on the Departme	of filing:  eitic and cannot be prior es not meet the applic ent of State's records.	to date of filing or more than able statutory filing requir	ements, this date wil	irsuant to 605.05 I not be listed

Filing Fee: \$25.00