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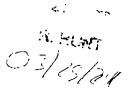




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COVER LETTER

TO:

Registration Section
Division of Corporations

MIU MIU LASH & BROW LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **FENGWEI LIU** Name of Person Firm/Company 2869 WILSHIRE DRIVE 201 Address ORLAND FL 32835 City/State and Zip Code MIUMIULASHBROW@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **FENGWEI LIU** 208-9999 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| MIU MIU LASH & BROW LLC | | | | |
|--|--|--------------------------------|------------------|------------------------|
| (Name of the Limited Lia (A Flor | bility Company as rida Limited Liabil | it now appears on our reco | <u>)ras.</u>) | |
| The Articles of Organization for this Limited Liability Florida document number L24000088945 | | | | _ and assigned |
| This amendment is submitted to amend the following | g : | | | |
| A. If amending name, enter the new name of the | <u>limited liabilit</u> | company here: | | |
| The new name must be distinguishable and contain the words | 'Limited Liability | Company," the designation "I | LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicables | | | | 7.55 |
| (Principal office address MUST BE A STREET A | DDRESS) | | | |
| | - | | | |
| Enter new mailing address, if applicable: | - | | - | |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | | ; | 2 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address h | stered office ad <u>ere</u> : | dress on our records, <u>e</u> | nter the nam | e of the new registere |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | Enter Florida street | address | |
| | | City | , Florida | 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.

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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