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2024 NOV -8 PH 4: 21 SECRETARY OF STATE

COVER LETTER

TO: Registration Section	1		
SUBJECT: MC	acheily Was	xing Haven LLC	
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
	Martleily	Oguendo Fonto	MEZ
-	Martieile	y Waxing Have	in LLC
-	8203 50	n Spring Cir, 1	unit 13
-	Drlando	City/State and Zip Code Of UEndo 7 D gwail of be used for future annual report notifications.	
	M J D	94 vendo 7 20 gmail.	Corr
For further information concer			
Murllery Dave, Name of Pers	100 Fontainez	at (467) 467- Area Code Daytime T	3070 SECRETAL NOV -
Enclosed is a check for the fol	lowing amount:		RY OF HASSE
\$25.00 Filing Fee □	l \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy:

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

Marlleily Waxing Haven 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 <u>L 24 000167485</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mostique Waxing LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" MIA Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records: WIA

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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