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COVER LETTER

TO:	Registration Sec Division of Corp		•	٠,	•	
SUBJE	сст _{і.}	CHY FACES 1 Name of Lin	AUA LLC mited Liability Company	<u>.</u>	•	
The end	closed Articles of A	amendment and fee(s) are sul	omitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
		D'Erykah	Pale Name of Person	<u> </u>		
			Firm/Company			
		2308 Clare	Mont Ln Address			
		Tallahasson avonupete	City/State and Zip Cod	iil.com		
For furt	her information cor	ncerning this matter, please c		ir report notification)		
D'E	Name of I	Person	at (448)Area Code	Daytime Teleph	308 one Number	•
Enclose	d is a check for the	following amount:				
□ \$2 <i>5</i>	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	-

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pretty Faces Muff LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
of Organization for this Limited Lightline Company was filed on 04/12/2024	باستنا

The Articles of Organization for this Limited Liability Company were filed on UT 110 10034 and assigned Florida document number LA40b0173769 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C" 1601 - 1 N Main St #3159 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1502 Hernando Dr Enter new mailing address, if applicable: Tallahassre FL BORDL (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 Office Address:

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

Title	Name	Address	Type of Action
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E. Effective date, if other than the date of filing: (optional) (if an effective date, if other than the date of filing: (optional) (if an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant Note; [the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th de record is filed. Dated Dated Superior of a member or authorized representative of a member		
		
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