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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	YOU BOSS (Name of Lin	L.L.C.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_ Mana	Surano Name of Person	
	<u></u>		
	8605 Stor	Firm/Company UK WOODS Address	Dr.
	Ewen 14	W F1 3356 City/State and Zip Code	9
	— MAYIA E-mail address: (to be used for future annual report notif	Chiagon)
For further information of	oncerning this matter, please ca		· ·
Maria Se Name o	r Person	at (<u>813)</u> <u>304-</u> Area Code Daytime	-3060 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee ∫	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$69.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

Brow Buss C.	CC.
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L240003119.85</u>	were filed on 7/12/24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab (2) e2-1-2 Salon & Spa The new name must be distinguishable and contain the words "Limited that liabile and contain the liabile	a LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	930 W. Brandon Bird Suite 4 Brandon, Fl 33511
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2605 Stoner Woods Dr RWENTIEW F1 33569
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street activess
New Registered Agent's Signature if changing Degistered Agents	City / Zip Code

stered 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00