

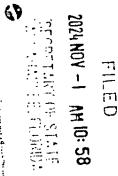
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COVER LETTER

TO:	Registration S Division of Co	ection rporations		•
SUBJI	G MGR NAM	ME INCOMPLETE		
2001	ECT:	Name of Lir	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Cyrille Sineus Junie	•	
			Name of Person	
		DJINA BEAUTY CARE.	LLC	
			Firm/Company	
		2175 NE 56TH ST APT 1	09	
			Address	
		FORT LAUDERDALE, I	FL 33308	
		juniecyrille8@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual repor	t notification)
For fur	ther information e	oncerning this matter, please c	all:	
Cyrille	Sineus Junie		321 361-110 at()	0
	Name o	f Person		vtime Telephone Number
Enclose	ed is a check for th	te following amount:		
B \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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

DJINA BEAUTY CARE, LLC	·	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000417961</u>	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDR</u>	rec.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	2024 NOV - I LE D AN ID: 58 name of the new registers
Name of New Registered Agent:	1/7	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy.	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.

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>	<u>Address</u>	Type of Action
MGR	CYRILLE SINEUS JUNIE	2175 NE 56TH ST APT 109, FORT LAUDE	
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			□Remove
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is filed.		net out more an erre	etive time, at 12	2.01 a.m. on the	rainer or. (b) The	: 90m day after the
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ted <u>10-9</u>		nature of a member	or authorized ren	resentative of a me	mber	_