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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
	EAUTY LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	imitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DAVID ROBERTS	_		
		Name of Person		
	REGISTERED AGENTS	INC		
Firm/Company				
	7901 4th Street N. Suite 30	00	•	
		Address	· .	
	St.Petersburg, Florida 337	02		
		City/State and Zip Code	•	
	chavella.kelly@gmail.com E-mail.address: t	to be used for future annual report noti-	fication) ·	
For further information c	oncerning this matter, please c	·		
Robin Jones		813 575-1161 1		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for the	re following amount:			
■ \$25.00 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 (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORE BEAUTY LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con- Florida document number <u>L25000157803</u> .	npany were filed on APR 2 20205	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
"he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
		. = .
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	ffice address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a
	City	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>	Name	Address	Type of Action
MGR	Morgan Wyn Trust "Statutory"	7901 4th Street N, Suite 300, St. Petersburg, Florida	
			□Remove
			= Change
MGR	Morgan Wyn	7901 4th Street N, Suite 300, St. Petersburg, Florida	33 ■ Add
		 	□Remove
			Change
			□Add
			□Remove
			□Change
			<u>~</u> □Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			_ □Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 day after the record is filed. Dated 21 April Signature of a member or authorized representative of a member Chavella D. Patterson-Kelly

Typed or printed name of signce