## L18000277771

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2018 DEC 10 PM 2: 22 SECRETARY OF STATE

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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	Black Mane	Products LLC		
SOBJECT	-	Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Ponia J Wilson		
			Name of Person	<del></del>
			Firm/Company	<del></del>
		30007 Granda Hills Ct		
		Wesley Chapel, Florida 33	Address 543	
		blackmaneproducts@yahoo	City/State and Zip Code .com	<del></del>
		E-mail address: (i	to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Portia Wilso			at () 537-0707 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT FILED TO

ARTICLES OF ORGANIZATION 2018 DEC 10 PM 2: 22

Black Mane Products LLC

SECRETARY OF STATE TALLAHASSEE, FL

(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 11/30/2018	and assigned
Florida document number W18000103987		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Black Mane Hair Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Intuiting dutitess MAT BE AT 031 OF FICE BOAT		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Enter Piorida Street dadress	
	, Florid	da Zin Code
New Registered Agent's Signature if changing Registered Agent:	City	Zip Соде

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
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n effective date is liste te: If the date inse	ner than the date of d, the date must be speci rted in this block does date on the Departmen	fic and cannot be prior not meet the applic	able statutory filing r	<b>(optional)</b> than 90 days after filing.) Pequirements, this date wi	ursuant to 605.020 If not be listed a
	s a delayed effect ter the record is f		ot an effective tim	ne, at 12:01 a.m. on	the earlier o
December 06		2018			
	1 3	,,	<del></del>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00