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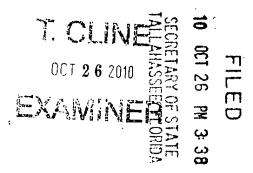


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DEPARTITUM OF STATE OF STATE OF TALLAHASSEE FI ORION



COVER LETTER

TO:

Registration Section

Division of Corporations									
SUBJECT: WOI/JC/	Nama of Limited Lightlity Company								
Name of Limited Liability Company									
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.								
Please return all correspondence conce	rning this matter to the following:								
Re	nae Rollins Name of Person								
wor	Id Class Hair + Mail Salon CCC Firm/Company								
1235 Airfort DRive									
Tal	lahassee F1 32304								
\mathcal{N}_{o}	City/State and Zip Code City/State and Zip Code								
For further information concerning this	matter, please call:								
	·								
Renae Kollin	at (850) 980-593 (a								
Name of Person	Area Code & Daytime Telephone Number								
	·								
Enclosed is a check for the following a	mount:								
\$25.00 Filing Fee \$30.00 F Certifi	cate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)								
MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	Registration Section Division of Corporations Clifton Building 4 2661 Executive Center Circle								
	Tallahassee, FL 32301								

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World Class Harry Mail CCC

(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 ______________________ and assigned Florida document number <u>L030000 41199</u> This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

"L.L.C."

Enter new principal offices address, if applicable:	1233 Air Port Dr Tallahassee Fl. 32304
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee H. 32304
Enter new mailing address, if applicable:	Same as Above
(Mailing address MAY BE A POST OFFICE BOX)	
	·
B. If amending the registered agent and/or registered of	

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation

Name of New Registered Agent:

Reenie Kyles

2415 San Pedro Ance.

Enter Florida street address

Tall J., Florida 32304

Zip Code

1022 A. B. LAC

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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, 608, 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 or Managin	g the Managers or Man g <u>Member being adde</u> c	naging Members on I or removed from o	our records, <u>enter</u> our records:	the title, name, a	nd address	of each Manager
MGR = Ma MGRM = M	nager Aanaging Member					
<u>Title</u>	<u>Name</u>		Address			Type of Action
MGK	Reenie 1	Kyles	\$2415 Sa Tall \$1.3	n Redro no	N TAEC	Add Remove
MGRM	Rosalina	9. Tom Phis	1802 M TAllahass	E/Roy 5-	AHASA POP	
					STATE FLORIDA	Add Bemove
						Add Remove
						Add Remove
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	ling any other informa					
K	Peenie Ku	ple will	own 66	1.00 of -	the Cor	repany
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						-
<u>—</u> .						-
Dated	Let 19, 201	10 , 10	00_	_		
		nature of a member or	authorized representat	ive of a member		
		Typed or p	orinted name of signee	;		

Page 2 of 2