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D. BRUCE MAY 28

COVER LETTER

TO: Registration Division of C							
SUBJECT:	LASTING IMPRESS	SIONS HAIR STUDIO, LI	_C				
SUBJECT.	 	Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.					
Please return all corresp	condence concerning this matter	r to the following:					
	M/						
LASTING IMPRESSIONS HAIR STUDIO, LLC							
		Firm/Company					
7533 NW 22ND AVE							
Address							
City/State and Zip Code							
allianceconsultingenterprise@yahoo.com E-mail address: (to be used for future annual report notification)				descript.			
For further information	concerning this matter, please of	•	AY 27 HASSE				
MARSI	HELLE N. BROWN	at (786) 5	43-3903				
Name	of Person	Area Code & Daytime	Telephone Number ORALE				
Enclosed is a check for	the 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 enclo	osed)			

MAILING ADDRESS:

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 TO ARTICLES OF ORGANIZATION OF

LASTING IMPRESSIONS HAIR STUDIO, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for t	his Limited Liability Compar	oility Company were filed on		and ass	_ and assigned	
Florida document number	L10000011885					
This amendment is submitted to a	mend the following:					
A. If amending name, enter the	new name of the limited lia	ability company here:				
The new name must be distinguishal "L.L.C."	ole and end with the words "Lin	mited Liability Company	" the designation "L	LC" or the a	abbreviation	
Enter new principal offices add	ress, if applicable:				,	
(Principal office address MUST)	BE A STREET ADDRESS)			5		
					78	
				λ N	Same of the same o	
Enter new mailing address, if ap	mliashlar		r r		la Seren	
	-					
(Mailing address MAY BE A PO	ST OFFICE BOX)			S D	- CEP/	
B. If amending the registered registered agent and/or the new			records, enter tl	he name o	f the new	
Name of New Registered	i Agent:		······································			
New Registered Office A	Address:					
		Enter Florida street address				
		, Florida				
		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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Managet

MGRM = Managing Member **Title** Type of Action <u>Name</u> Address MGRM MARQUISE JENRETTE 7533 NW 22ND AVE ✓ Add Remove MIAMI FL 33147 ☐ Remove Add [☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member MARSHELLE N. BROWN

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00