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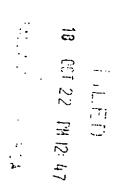
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| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
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| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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| | ORIANE, LLC | | |
| UBJECT: | Name of Lin | ited Liability Company | |
| he enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| lease return all correspo | ondence concerning this matter | to the following: | |
| | JOHN MALERBA | | |
| | | Name of Person | |
| | JUMPING JAX TAX INC | | |
| | | Firm/Company | |
| | 1934 HOLLYWOOD BL | VD STE 201 | |
| | | Address | |
| | HOLLYWOOD FL 33020 | 0-4567 | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| or further information o | concerning this matter, please c | all: | |
| OHN MALERBA | | 954 927-6988 | |
| Name o | of Person | at () Area Code Daytime | Telephone Number |
| Indoord is a short for d | h. Calinaina announc | | |
| Enclosed is a check for the | | Differ on the control of | D 640 00 FT - F |
| ■ \$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 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

NHC BY LORIANE, LLC (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 $\underline{\text{MAY } 13,2010}$ and assigned Florida document number L10000047335 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NATURAL HAIR HAVEN SALON, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| (optional) 0 days after filing.) Pursuant to 605.02 ments, this date will not be listed |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00