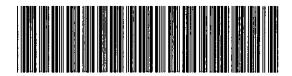
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Second Division of Cor		•	
SUBJECT: Blau	Har Hur HI Name of Limi	ted Liability Company	·
	Amendment and fee(s) are subr	-	
	Christophe	Name of Person	
	1480 Creek 5ackSonVille Christopherfree	Firm/Company Power Blkd Address FL 3218 City/State and Zip Code Code Code Code Code Code Code Code Code	SEP TO THE STATE OF THE STATE O
For further information co	oncerning this matter, please ca	ıll:	
Christopher Name o	Freenw f Person	at (904) SSH 41 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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
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

Beautiful Hair H	bility Company as it now appears on our records.)
(A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 112001263	y Company were filed on 9/19/2012 and assigned 3.
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	mited liability company here:
	1,219
The new name must be distinguishable and contain the words "I	imited 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 AD.	DRESS)
	D 1750
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re- registered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office 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 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 $AMBR = A$	lanager uthorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
AMBR	Bertha Mincey	2547 Cotillion Rd Jukson Ville A 3211 DAdd				
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lf an effect Note: If	e date, if other the tive date is listed, the tate inserted in it's effective date of	e date must be spe in this block doc	cific and canno es not meet th	e applicable st	og or more atutory filing re	(opti tnan 90 days after equirements, thi	filing.) Pursuant	to 605.0207 be listed as
ne reco The 9	rd specifies a o Oth day after t	delayed effec the record is	tive date, filed.	but not an	effective tim	e, at 12:01 a	a.m. on the	earlier of
Dated				·				
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Page 3 of 3

Filing Fee: \$25.00