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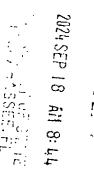
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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	olow Dry Salon 1	LLC
(Name of the Limited Lin (A Flo	bility Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on05 -530	07/2013 and assigned
This amendment is submitted to amend the following	; :	
A. If amending name, enter the new name of the Levels Hair Studio. The new name must be distinguishable and contain the words.	& Co. LLC	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	2021 521 77
Enter new mailing address, if applicable:		SEP 1
(Mailing address MAY BE A POST OFFICE BOX		SS 34 1:
B. If amending the registered agent and/or regist agent and/or the new registered office address her		جے خاند
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	n 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<u>.</u>			DbAC
			□Remove
			□Add
			□Remove
			□Change
			©Remove
			□Change
			Remove
			□ Add
			□Remove
			bbAC
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated September 17th, 2024.
Signature of a member of authorized representative of a member
Alex Livelia Typed or printed name of signee

Filing Fee: \$25.00