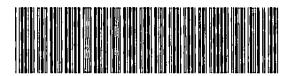
# 114000183515

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100308415211

01/29/18--01013--024 \*\*25.00

ZDB JAN 29 P 2: 30

DESCORT

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SURJECT. HAIR DRAMA HD TOUCHED BY DRAMA

(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

### DAMIAN CABRERIZA

(Name of Person)

## HAIR DRAMA LLC

(Firm/Company)

# **10472 SW 72ND STREET**

(Address)

MIAMI, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

# DAMIAN CABRERIZA

...305

271-8939

(Name of Person)

(Area Code & Daytime Telephone Number)

#### 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

(<u>NOTE</u>: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIDDHARTHA OM HAIR AND SKIN CARE LLC	the state of the s	oords )		
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)	corus.		
The Articles of Organization for this Limited Liability Company	were filed on 12/01/2014	and assigned		
lorida document number L14000183515				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabi	ility company here:			
HAIR DRAMA HD TOUCHED BY DRAMA LLC		_		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	'LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	r/17			
Principal office address MUST BE A STREET ADDRESS)		1 2		
		(A)		
Inter new mailing address, if applicable:	MA			
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	0 0		
Mailing dadress MAT BE A POST OF FICE BOX		-, ',		
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address here</li> </ol>		ords, enter the name of the		
egistered agent and/of the new registered office address no	±•			
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 = N AMBR = A	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			Add
			□ Remove
			Q Remove
			Change
			Remove—
			Change
			□ Add
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			□ Change

From Siddhartha OM Care LLC to Have D	. /	2ml	
	HAIR un	d Sisin	
	_		checl
by Drama -1/6			•
- by DRAMA ILC.	<del></del>		
		-1	2018
			<u>ر .</u>
	<del></del>	<del> </del>	2
			<u>5</u>
			. 2
		_	٠.٠ ندا

Page 3 of 3

Filing Fee: \$25.00