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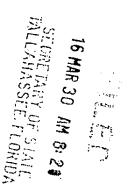
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Certified Copies	_ Certificates	of Status
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COVER LETTER

SUBJECT: Baye Hair Collection LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kiara William Name of Person
Bart Hair Wilter
14695 N.E. 18th avt Apt 1p
North Miami, Fl 33181
City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
Kiaka William at (786) 332 0046 Area Code Daytime Telephone Number
Auta Code Daynine releptione runtion
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Second Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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**

Bart Hair Co	llection	on ILC	
(Name of the Limited I (A.)	Liability Compar Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liabi Florida document number	lity Company 32	were filed on <u>3 · 05 · 211</u>	5 and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the The new name must be distinguishable and end with the word	LLC.	-	the abbreviation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A		-	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	<u>X)</u>	14695 N.E. 18+ N. Miami F	h AVT Apt. 14 3318/
B. If amending the registered agent and/or registered agent and/or the new registered office			ter the name of the new
Name of New Registered Agent:	REGISTE	RED AGENTS INC	
New Registered Office Address:	3030 N. Ro	ocky Point Drive, STE 150A	30 SSE
	Tampa	Enter Florida street address , Florid a	33607
-		City , F10F1Q2	≥Zip Søde
New Registered Agent's Signature, if changing Regi	stered 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

Page 1 of 3 Bill Havre/Assistant Secretary

MGR = Manager AMBR = Authorized Member			
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
<u> </u>			Add
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			Remove
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(The effective date must be specific, cannot be prior to date of receipt or fi	ed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	•
Dated William Sinka	- Be below
Signature of a member or author	rized representative of a member
	d name of signee

Page 3 of 3

Filing Fee: \$25.00

