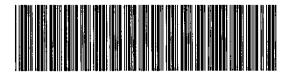
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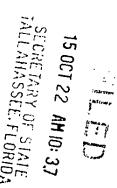
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COVER LETTER

TO:	Registration Se Division of Cor	ction ' porations		
CUDIE		& SCISSORS MIAMI, LLC		
SUBJE	CT:		nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JOSE D. ZAYAS		
			CISSORS MIAMI, LLC Name of Limited Liability Company endment and fee(s) are submitted for filing. Ince concerning this matter to the following: JOSE D. ZAYAS Name of Person Firm/Company 5895 PINEHURST DR Address HIALEAHM, FL 33015 City/State and Zip Code NFO@ZAESTYLES.COM E-mail address: (to be used for future annual report notification) rming this matter, please call: 394 249-9597 Area Code Daytime Telephone Number Illowing amount: Ill \$30.00 Filing Fee & Certificate of Status & Certif	
			Firm/Company	
		6895 PINEHURST DR		
			Address	
		HIALEAHM, FL 33015		
			•	
		_		cation)
For furth	ner information co	oncerning this matter, please ca	·	
JOSE D	ZAYAS		at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

CLIPPERS & SCISSORS MIAMI, 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 $\frac{04/22/2015}{1}$ and assigned Florida document number L15000071207 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: 6895 PINEHURST DR (Mailing address MAY BE A POST OFFICE BOX) HIALEAH, FL 33015 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: 6895 PINEHURST DR New Registered Office Address: Enter Florida street address Florida 33015 HIALEAH

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE D. ZAYAS	6512 NW 186TH STREET	Add
		HIALEAH, FL 33015	■ Remove
			☐ Change
AMBR	JOSE D. ZAYAS	., 6895 PINEHURST DR	Add
		HIALEAH, FL 33015	□ Remove
			Change
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Filing Fee: \$25.00