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COVER LETTER

Tallahassee, FL 32314

		ation Sec n of Corp	tion orations				
		nd Gyal I	Hair Care Products LLC	•	•	,	A
SUBJEC	.1: <u>.a</u> _		Name of Lim	ited Liability Company		, , , , , , , , , , , , , , , , , , ,	*
The encl	osed Art	icles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all	correspor	ndence concerning this matter	to the following:			
			Renee Donaldson				
				Name of Person		-	
			Island Girl Hair Care Produ	ucts LLC			
				Firm/Company			-
			5024 Chipotle Lane				
				Address			_
			Wesley Chapel, FL 33544				
			·	City/State and Zip Co	ode		_
			xaultedbeautypro@gmail.co				
For furth	er infori	nation co	n-man address: (to be used for future ann	uai report notine	ation)	
Rence D			5	813	403-7773		
Name of Person		at () Area Code	Daytime T	Celephone Number	er .		
Enclosed	l is a che	ck for the	e following amount:				
\$25 .	00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	•	Certifie	ate of Status &
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	Regist	ration S	ection	Regi	stration Secti		
		on of Co ox 6327	orporations 7		sion of Corpc Centre of Tal		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Xaulted Beauty Pro International LLC

2022 FEB 28 AM 6: 50

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records. orida Limited Liability Company) ちしんにするい TALLいい	YINSISTATE NGSESTI
The Articles of Organization for this Limited Liabilit	y Company were filed on 09-08-2015	and assigned
Florida document number 47-4994877		
This amendment is submitted to amend the following	g.	
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:	
sland Gyal Hair Care Products LLC		
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 AD	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent:		he name of the new regi
New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address . Flo	rida

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

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□ Add
			□Remove
			□Change
.			□Add
			□Remove
			Change
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			□Remove
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lote: If the date inse	erted in this block do	of filing:ecific and cannot be prious not meet the applianent of State's records	cable statutory filing	(option re than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a de	elayed effective date	, but not an effective	time, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
is filed.					
		2022			
			·		
ated February 20					
		ture of a member or auth	norized representative o	of a member	

. . . .