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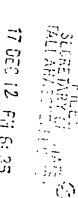
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT		10UR HAIR SUPPLIES, LLC		
.,ов.,	•	Name of Limi	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		HONGWEI SHANG		
			Name of Person	
		THE LAW OFFICE OF H	ONGWEI SHANG LLC	
			Firm/Company	
		7350 SW 89TH ST SUITE	. 100	
			Address	
		MIAMI, FL 33156		
			City/State and Zip Code	
		HSHANGLAW@GMAIL.G		
		E-mail address; (t	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	ail:	
HONGWE	ELSHANG		305 6705266 at ()	
	Name of	l'Person	Area Code Daytime	: Telephone Number
Enclosed is	s a check for th	ne following amount:		
≘ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

TOP GLAMOUR HAIR SUPPLIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limite	d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on 02/18/2019	6 and assigned	
Florida document number L16000034335			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3550 ALE	
(Principal office address MUST BE A STREET ADDRESS)		D 250	
		7	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		teores, <u>ence the name of the ne</u>	
New Registered Office Address:			
	Enter Florida street address		
		, Florida Zip Code	
New Production of Association (Company of Association Production P	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my du s provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is	
IfC	nanging Registered Agent, Sig	nature 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>	<u>Name</u>	Address	Type of Action		
AMBR	WENDI ZHANG	19501 W COUNTRY CLUB DR	⊟ Add		
		APT 1114	□ Remove		
		AVENTURA, FL 33180	□ Characa		
		 			
			□ Remove		
			☐ Change		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00