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B

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WOW BROW BEAUTY LLC

| Certificate of Status | 0       |
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| Page Count            | 04      |
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O SIMMONS JUL 2 1 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| WOW BROW B  | SEAUTY LLC   |
|---|--|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  |  |
| The Articles of Organization for this Limited Liability Company w Florida document number   | vere filed onAPRII. 26, 2016 and assigned  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabil   | ity company here:  |
| THE WOW STUDIO LLC  |  |
| The new name must be distinguishable and contain the words "Limited Liabilit  | y Company," the designution "LLC" or the abbreviation "L.E"  |
| Enter new principal offices address, if applicable:   | 655 SE 10TH STREET, STE 1 0 2  |
| (Principal office address MUST BE A STREET ADDRESS)   | DEERFIELD BEACH, FLORIDA 33441   |
|   | <u> </u>   |
| Enter new mailing address, if applicable:   | 1260 NW 48TH STREET  |
| (Mailing address MAY BE A POST OFFICE BOX)  | POMPANO BEACH, FLORIDA 33064   |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  | ice uddress on our records, enter the name of the new  |
| register ou agent and/or the new register ou serve as   | •  |
| Name of New Registered Agent:   |  |
| 100 11  |  |
| 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 agre<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my auties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |
|   | Śi <sup>r</sup>  |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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

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|----------|----|----|-----|-----|-----|---|
| $\Box$ 1 | 71 | JU | U I | 307 | 757 | J |

| AMBR ==      | Authorized Member |            |                                  |
|--------------|-------------------|------------|----------------------------------|
| <u>Title</u> | <u>Name</u>       | Address    | Type of Action                   |
|              |                   |            | □ Add                            |
|              |                   | 2001       | Remove                           |
|              |                   | <u>.</u> r | ☐ Change                         |
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| fective date, if other than the d      | fate of filing: (optional)   |
| <b>~</b>                               | be specific and cunnot be prior to dute of filing or more than 90 days after filing.) Pursuant to 605.020 ck does not meet the applicable statutory filing requirements, this date will not be listed as |
| ocument's effective date on the Dep    | partment of State's records.   |
|  |  |
| record specifies a delayed of          | effective date, but not an effective time, at 12:01 a.m. on the earlier of   |
| The 90th day after the recor           | ira is filea.  |
| JULY 18                                | 2017   |
| nted                                   |  |
|  |  |
|  | Signature of a member or authorized representative of a member   |
|  |  |

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