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## **COVER LETTER**

Division of Corpor	rations		
SUBJECT: My	Signatur Name of Lim	e LOOKS (	<u>Uć</u>
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Krist My	en Toussa Name of Person Signature Firm/Company	Looks UC
		NE 3rd C	
-	My Sio	Mam, Fl City/State and Zip Code Mature 160K to be used for future annual report	33138 s a smail.com
For further information conc			
Kristen Name of Pe	Toussaint	at ( <u>954</u> ) <u>67</u> Area Code Da	3.5 224 ytime Telephone Number
Enclosed is a check for the fi	ollowing amount:		
S25.00 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:		Street Addres	<u>s:</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Signat (Name of the Limited	ure Loo	Ks LL	C		
( <u>Name of the Limited</u> (A	Liability Company as it Florida Limited Liability	now appears on o Company)	u <u>r records.</u> )		
The Articles of Organization for this Limited Liab		iled on 0.5/	3/201	6 and ass	igned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability co	ompany here:			
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	le:	npany," the designa	tion "LLC" or the	abbreviation "L,	L.C."
Principal office address SIUST BE A STREET	ADDRESS)			2	
Enter new mailing address, if applicable:			) ; ;	D24 SEP	\$ **
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			$\frac{\mathbb{E}^{\frac{1}{2}}}{n}$ $\frac{1}{\omega}$	<u> </u>
B. If amending the registered agent and/or reg		s on our record		AC P TO U	v registered
agent and/or the new registered office address				Γη . <b>.</b> .	
Name of New Registered Agent:	Kri	sten Në 3ra	Touss	aint	
New Registered Office Address:	8375	NE 310	d court	<u> </u>	
	miam	, ,	•••••••	33138	3
	Cia	b		Zip Code	_

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
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			Remove
			□Change
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			□Change

premium - grade luxury products, constituted and premium - grade luxury products, constituted and products and hair care essentials, all while ensuring an upparallely level of satisfaction for our esteemed customers and clients.  Effective date, if other than the date of filing: DS/O1/26/6 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.07 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after for the latest and the state of a member o	_	Our business prides itself on offering
Effective date, if other than the date of filing:	-	premium = and de luxury occidents and
Effective date, if other than the date of filing:	-,	Clathing hair extensions and hair care
Effective date, if other than the date of filing:	_	essentials all while ensuring an unparallele
Effective date, if other than the date of filing:	_	level of satisfaction for our esteemed
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Kron that		
Signature of a member or authorized representative of a member	Dated _	
Signature of a member or authorized representative of a member		Kran Tunt
Kristen Toussaint		· · · · · · · · · · · · · · · · · · ·
		Typed or printed name of signee

Filing Fee: \$25.00