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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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Division of Corporations
SUBJECT: SHEEK CHIC BEAUTY LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nakoya J Williams Name of Person
Sheek Chic
Firm/Company
10804 Hain Street Unit 642 30 3
Thon to sassa, F1 33592 City/State and Zip Code Shell Chic 209mail. Com F-mail address: (To be used for future annual report notification)
Since City/State and Zip Code Since Chic 209mail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nakoya J Williams at (813) 453 4787 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

TO: '

Registration Section

Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION **OF**

SHEEK CHIC BEAUTY (Name of the Limited Liability Company as (A Florida Limited Liability)	, LLC
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L14000187765</u>	filed on $\frac{CCtobe(11, 2016)}{2016}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of SHEEK CHIC, LLC. The new name must be distinguishable and contain the words "Limited Liability Co	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," 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:	
(Mailing address MAY BE A POST OFFICE BOX)	3: 0 0710A
B. If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	ity Zip Code

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			PH 35 Add
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.)	Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.	utory thing requirements, this date w	all not be listed
cord specifies a delayed effective date, but not an effective time, at 17 s filed.	2:01 a.m. on the earlier of: (b) The	90th day after th
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1cd JUNL 17 th 2020		
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Signature of a member or authorized rep	•	