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## COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CT: Simpl	Name of Lim	OTN OILLC ited Liability Company	
The end	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspond	lence concerning this matter	to the following:	
		<u>Supren</u> e	Name of Person	
			Firm/Company	
		1525 Arbor	LAKES CIVELE Address	
		Santord, F	-1 32771 City/State and Zip Code	<del></del>
		SUNYENAT E-mail address: (1	YOU CY SEGMAN	1. COM
For furt	her information con	cerning this matter, please ca	all:	
<u>Su</u>	WYEITA TY Name of P	OWEYS erson	at (541) 874 Area Code Daytin	5445 ne Telephone Number
Enclose	d is a check for the	following amount:		
□ <b>\$2</b> 5	5,00 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 Address:

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

	owth Oil LLC	
(A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L170000404</u>	· · · · · · · · · · · · · · · · · · ·	and signed  CT  T  T  T  The abbreviation "L.L.C."
This amendment is submitted to amend the following:		30 LET
A. If amending name, enter the new name of the limi	ited liability company here:	
She Grows Hair care The new name must be distinguishable and contain the words "Limit	LLC ited 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 ADDR	RESS)	
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 here:	d office address on our records, enter the	name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	Citv	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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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