117000111204

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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		scape Solutions LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Belinda L Jean Baptiste		
Name of Person				
			Firm/Company	
riniccompany				
1545 Prairie Rd				
			Address	
		West Palm Beach FL 33	406	
			City/State and Zip Code	
		<u>Jeanbaotistebelinda@val</u> E-mail address: (noo.com to be used for future annual report notifi	cation)
For further i	nformation co	encerning this matter, please ca	all:	
Belinda L J	lean Baptiste	•	561 5021292 at ()	
· · · · · · · · · · · · · · · · · · ·	Name of	Person		Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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

Peaceful Escape Solutions LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 05/19/17 and assigned		
Florida document number L17000111204			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Hair So Chic LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1545 Prairie Rd		
Principal office address MUST BE A STREET ADDRESS)	West Palm Beach FL 33406		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>	, Florida		
	City 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

	· · · · · · · · · · · · · · · · · · ·
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of fi e: If the date inserted in this block does not meet the applicable statute ument's effective date on the Department of State's records.	lling or more than 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlie
September 12 2018	
Signature of a metaber for authorized repre	sentative of a member

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Typed or printed name of signee

Filing Fee: \$25.00