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(R	equestor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Hair So Ch	ic LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Belinda L Jean Baptiste			
		Name of Person		
	Hair So Chic LLC			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	1545 Prairie rd			
		Address		
	West Palm Beach Florida	33406		
	-	City/State and Zip Code		
	jeanbaptistebelinda@yahoo	o.com		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please o	all:		
Belinda L Jean Baptiste		561 502-1292 at ()		
Name o	f Person	Area Code Daytin	nc Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 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 Addres		Street Address:	ation	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hair So Chic LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/19/2017}{1}$ 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 liability company here: Blossom Skin Care and Massage Studio LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) 1545 Prairie Rd Enter new mailing address, if applicable: West Palm Beach Florida 33406 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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

IGR =	Manager
MBR =	Authorized Member

<u>'itle</u>	<u>Name</u>	Address	Type of Action
			\ _Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change
			\ \ Add
			□Remove
		··	Change
			□Add
			□Remove

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D. If amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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Note: If the date inserted i	han the date of filing:
If the record specifies a c (b) The 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the record is filed.
Dated	2020
	Signature of a member or authorized representative of a member

Belinda L Jean	варияте

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Typed or printed name of signee

Filing Fee: \$25.00