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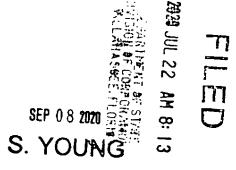
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COVER LETTER

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SUBJECT: DOL	House of To	umpa Salon /	An StudiaLLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
F#ase return all correspo	indence concerning this matter	to the following:	
	SalinaR	Name of Person	·
	DollHouse	France Sale	on An StudioLLC
	6016 N	Joth Street i	Suite C
	Tampa 5alinal	Florida 3. City/State and Air Code 554/1.540 91 to be used for tuture annual report from	3610 mailicom
For further information c	oncerning this matter, please ca		
Salica	Bush	at (S13) Soci	2-Ce 155 ne Te ephone Number
functiosed is a check for the	he following amount:		·
∟ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee. Certificate of Status &

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

410:

(additional copy is enclosed).

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on October 4, 2017 and assigned Florida document number 617 000109 700 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (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 a	uldress	
	, Florida		

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

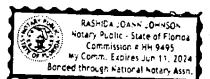
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'If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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If an effective date Note: If the date	if other than the date of is listed, the date most be spec e inserted in this block doe ctive date on the Departme	iffic and cannot be pr is not meet the app	licable statutory filir	(option of days after ng requirements, this	filing.) Pursuant to 603.0207
ne record spe The 90th da	cifies a delayed effec ay after the record is	tive date, but i filed.	not an effective	time, at 12:01 a	.m. on the earlier of
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Filing Fee: \$25.00