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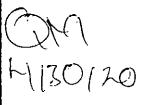




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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CURLY HAIR ONLY LLC SUBJECT: 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: EBONI MOODY Name of Person CURLY HAIR ONLY LLC Firm/Company 2534 TEAL STREET Address JACKSONVILLE,, FLORIDA 32209 City/State and Zip Code ebonimoody@ao.l.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eboni Moody Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 (A Florida Limited Liability Company) Florida document number (A Florida Limited Liability Company were filed on (A Florida document number (B 18000047627) (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limited Liability Company were filed on (B 18000047627) (C Florida Limite	nd assigned
Florida document number 1.18000047627 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	nd assigned
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A. If amending name, enter the new name of the limited liability company here:	
EVERYTHING EBONI LLC	6.5
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat	ion "L AS C." :
Enter new principal offices address, if applicable: 2534 TEAL STREET	APR
Principal office address MUST BE A STREET ADDRESS) JACKSONVILLE, FL 32209	
	<u> </u>
	99
Inter new mailing address, if applicable: 2534 TEAL STREET	90
Mailing address MAY BE A POST OFFICE BOX) JACKSONVILLE, FL 32209	

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

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