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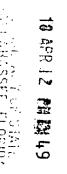
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BYE2 HAIR. 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:
TRIS L. SURI
BYEZHAIR. Firm/Company
13129 SW 4th 57
Miani Fl. 33184 City/State and Zip Code
TRIS @BYEZHATD.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TRIS L. SURI at (305) 812-9311 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

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

d 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 23 Florida document number 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 world "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 mame of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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

Enter Florida street address

Florida

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 = M AMBR = A	lanager ' ' uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR.	IRIS L SURI	13129 SW 4th ST. MIAMI FI. 33184	Add Add
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	ust be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing req	
e record specifies a delaye The 90th day after the re	ed effective date, but not an effective time ecord is filed.	, at 12:01 a.m. on the earlier
ated APRI	<u>. 2018</u> .	
	_ ',	

Page 3 of 3

Filing Fee: \$25.00