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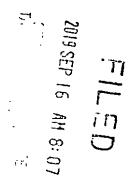
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>В</u> СШ	Hy KO BOY U	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Hannah	Name of Person	
		Firm/Company	
		Address	<u> </u>
	info@ 40 Beau	City/State and Zip Code City/State and Zip Code CUYY to be Lised for future annual report notifi	cation)
For further information c	oncerning this matter, please co		
Name o	f Person	at (}} Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 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

beauty to Boy uc	
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\bot 400083448$.	were filed on $\frac{D4/b2/2018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
XO BROWN EFFECT LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2058 palm Beach lakes Burd
(Principal office address MUST BE A STREET ADDRESS)	West Paim beach Pl 33409
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7 2
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:	<u> </u>
New Registered Office Address:	
	Enter Florida street address 💢
	, Florida
	City Zup 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

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
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Note: 1	ve date, if other than the date of filing:
ie rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _	Alla de Ileur
	Signature of a member or authonzed representative of a member

Page 3 of 3

Filing Fee: \$25.00