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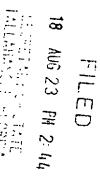
	Requestor's Name)
. ((Address)
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PICK-UP	WAIT MAIL
1	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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August 9, 2018

KAREN PHILLIP 5604 NW 18 PL LAUDERHILL, FL 33313

SUBJECT: KAREN'S HAIR CARE LLC

Ref. Number: L18000095700

We have received your document for KAREN'S HAIR CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 918A00016444

Promotes Anno 58

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(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 4/16/18 and assigned Florida document number 1800095700

This amendment is submitted to amend the following:

Α.	If amending	name, ente	r the new	name of	f the	limited	liability	company	here:
/ L	is amounding	inanie, cinc	9 1860 HC W	IMILIC OF		6161116ccr4	I MALVIOLE Y	COSTILIZATION	

The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	18
	S. 71
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2 D
	3: P

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:

Karen Bairett Phillip
5604 NW 18 Place

Whill Florida 333!

Zip 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 ompany 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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n effective date is listed, ote: If the date inserte	r than the date of filing: the date must be specific and e	annot be prior to date of tiling et the applicable statutory	(opt g or more than 90 days after filling requirements, th	er filing.) Pursuant to 605,020
cument's effective da	te on the Department of Sta	ite's records,		
	a delayed effective da or the record is filed.	te, but not an effect	ive time, at 12:01	a.m. on the earlier o
ited		<u> </u>		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00