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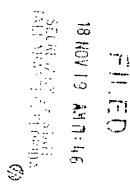
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
/> = / = \$ \$ 1		ARIS KERATIN LLC		
SUBJI	<del></del>			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JOHN MALERBA		
			Name of Person	
		JUMPING JAX TAX INC		
		-	Firm/Company	<del></del>
	1934 HOLLYWOOD BLVD STE 201			
			Address	<u> </u>
		HOLLYWOOD FL 33020	-4567	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information o	oncerning this matter, please ca	all:	
JOHN	<sup>U</sup> MALERBA		954 9276988	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>≅</b> \$3	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:

TO:

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

JEAN DE PARIS KERATIN LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	_		
The Articles of Organization for this Limited Liability Company	were filed on 07/26/2018 and	assigned		
Florida document number 1.18000179919				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "LLC" or the abbreviation	i "L.L.C."		
Enter new principal offices address, if applicable:	1			
Principal office address MUST BE A STREET ADDRESS)	<u></u>	<b>0</b>		
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2 de la companya del companya de la companya del companya de la co		· 77		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>			
B. If amending the registered agent and/or registered o		me of the i		
egistered agent and/or the new registered office address her	<u>c</u> .			
Name of New Registered Agent:		<del>-</del>		
New Registered Office Address:				
<del></del>	Enter Florida street address			
	Florida			
	City Zip C	nde		

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
MGR	SHLOMI ASAYAG	3906 ARNOLD AVE OFFICE UNIT	
		NAPLES FL 34104-3374	
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OCTOBE  Cffective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be private:  If the date inserted in this block does not meet the application of state of the Department of State of St	licable statutory	or more than 90 days filing requirements	optional) after filing.) Pursi , this date will n	uant to 60 ot be lis	05.0207 sted as
e record specifies a delayed effective date, but r The 90th day after the record is filed.	not an effecti	ve time, at 12:	01 a.m. on th	ne earl	lier of
Oated OCTOBER 10 2018	·				
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Signature of a phymber or au					

Page 3 of 3

Filing Fee: \$25.00