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COVER LETTER

TO: Registration Sec Division of Corp	orations -	•	· · · · · · · · · · · · · · · · · · ·
SUBJECT: LEN		ted Liability Company	Ollection LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
		Name of Person	·
	<u>Lenee's</u>	LUXUIY Hal	r Collection
	1325 golf	POUNT 1001 Address	<u>')</u>
	1-encestu E-mail address: (1	City/State and Zip Code VUT/ MAIN CO o be used for future annual repo	oltection Ognical cun
For further information co	ncerning this matter, please ca	all:	
Mame of	Brunsch	at (784) 44 Area Code D	15843 Paytime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	lenee's	Luxury	Hair	Cull	ectur	LIC	_	
	(<u>Name of th</u>	he Limited Liability Co (A Florida Lim	impany as it now ited Liability Com	appears on o ipany)	<u>ir records.</u>)			
The Articles of C	Organization for this Lim							
This amendment	t is submitted to amend t	the following:						
A. If amending	name, <u>enter the new n</u>	name of the limited	liability comp	any here:				
Enter new princ	cipal offices address, if	applicable:		," the designal	ion "LLC" or th	ne abbreviat	ion "L.	IC."
						AL CRE		
					· · · · · · · · · · · · · · · · · · ·	- 55 5		1
1						10 m	<u>≯</u>	m
				ess on our	records, en	ter the n		of the new
Name o	of New Registered Agen	<u></u>						
New R	egistered Office Address	s :	En	ter Florida str	eet address			
					E12.1.			

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mavine Brunson	1325 Opif Point Lup apopka IIA 32712	Q Add
MILER		APOPKA FIA 32712	□ Remove
			Change
			O Add
			☐ Remove
			Change
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Effective date, if ot fan effective date is list Note: If the date insolocument's effective	ted, the date must be serted in this block of	pecific and cann loes not meet t	ot be prior to da he applicable	ate of filing or me statutory filing	re than 90 days aft	ional) er filing.) Pursuar is date will not	nt to 605.020 be listed as
e record specifie The 90th day a			but not ar	n effective ti	me, at 12:01	a.m. on the	earlier o
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				representative	of a member		
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Filing Fee: \$25.00