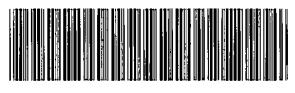
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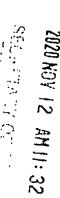
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP -WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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LA. 12/11/20

TO: Registration Se Division of Cor	porations		•
SUBJECT: Len	ce's Luxury	Hair Collection ited Liability Company	\sim
30b)EC1.	Name of Jim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ma	wine Brusch	
		Name of Person	
		UXUYU HOW C	
	1215 reag	ans reserve b	Ivd
		aurida 3271	
	WWW Lener	City/State and Zip Code 65 UXUry Marr Culle to be used for future annual report no	echin Damail. Com
	oncerning this matter, please c	all:	
Mavine L	Brinson	321 354	2214
Name o	f Person	at (321) 35U Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fec & 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 Addres	- 	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	-	The Centre of	•
Tr. 11 1	7 20214	20511	C C : 010

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

(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 Avqu5+20, 2018 and assi
The Articles of Organization for this Limited Liability Company Florida document number 1800195754	were med on
This amendment is submitted to amend the following:	S. 2 0
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L
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 adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	924 N. Magnolia AVE Suite 202 PMB 121 Orlando FlA ,32803 ddress on our records, enter the name of the new
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cay Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with rovided for in Chapter 605, F.S. Or, if this docum

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
			□Add
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Page 2 of 3

D. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
_	
(If an effo <u>Note:</u>	ve date, if other than the date of filing:
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
Dated	November 9 2020
	Signature of a member of authorized representative of a member
	Mavine L. Brunsch Typed or printed name of signee

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