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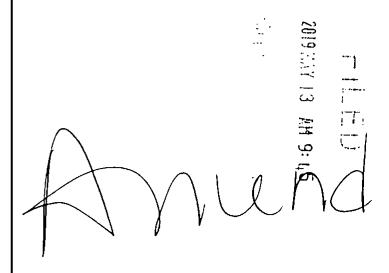
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I ALBRITTON

COVER LETTER

	Registration So Division of Cor					
61110.1177		uty Hair LLC				
SUBJEC	,1:	Name of Lim	ited Liability Company			
The ench	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		John W. Grant, Jr.				
			Name of Person			
		Grant, Konvalinka & Harr	ison, P.C.			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		633 Chestnut ST, STE 900)			
			Address			
		Chattanooga, TN 37450-0	900			
		City/State and Zip Code				
		jgrant@gkhpc.com				
		fj-mail address; (to be used for future annual repo	ort notification)		
For furth	er information c	concerning this matter, please c	all:			
David N	L Elliou		423 756-8-	40 n		
	Name i	d'Person	Area Code I	Daytime Telephone Number		
Enclosed	is a check for t	he following amount:				
⊟ \$25.0	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/C Registration Division of C			

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

Found Beauty Hair LLC

(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 $\frac{.09/11/2018}{...}$ _____ and assigned Florida document number $\underline{1.18000216122}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 3 B. If amending the registered agent and/or registered office address on our records, enter the nameof the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ Cin 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>	<u>Address</u>	Type of Action
MGR	David C. Biser	305 Windy Hollow Drive, Chattanooga, TN 37421	Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			∩ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
		-	☐ Remove
			□ Change
		 	∩ Add
			☐ Remove
			Change

Effective date, if other than the date of filing: (trian effective date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (<u>Sinter</u> . If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. the record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 2) The 90th day after the record is filed. Dated May 10. 2019 Signature of a member or authorized representative of a member David M, Effect, Authorized Representative			•
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Signature of a member or authorized representative of a member			er of:
Signature of a member or authorized representative of a member	May 10,	2019	
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David M. Elliott. Authorized Representative		gnature of a member or authorized representative of a member	
recess ou communical expectations	David M. Elliott, Autho	zed Representative	

Page 3 of 3

Filing Fee: \$25.00