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## **COVER LETTER**

TO: Registration Sec Division of Corp		÷	
SUBJECT: A)AT	WEAL CHAR T	RANSINON LLC.	
30BJEC1	Name of Limi	ited Liability Company	
	•		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ROSA K.	MASUR	
	NATURAL 9	tare TRANITION Firm/Company	LLC
		Firm/Company	
	3360 NW	1984 TER	
		Address	· · · · · · · · · · · · · · · · · · ·
	MIANI GAKE	JEUER IR ENX	
	<u> </u>	City/State and Zip Code	
	NATURALTRAY	City/State and Zip Code  STON SHOTH AT L to be used for future annual report not	- wH
Lar further information of	oncerning this matter, please ca		meation
To further information ex	meering in smaller, please ea	ш.	
ROSA K. N	fason	n (786) 657	1000
Name of	Person	Atea Code Daytin	ne Telephone Number
Enclosed is a check for th	_		
□ \$25.00 Filing Fee	12 \$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 tadditional copy is enclosed)
Mailing Address Registration S	<del></del>	<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	l'allahassee
Tallahassee, F	·L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURAL HAR TICANST  (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	<del></del>
(A Florida Limited Lia	ibility Company)	
he Articles of Organization for this Limited Liability Company w	vere filed on <u>3-17-2021</u>	and assigned
lorida document number <u>L 18 000 250 660</u>		
'his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ty company here:	
NATURAL HAIR TRANSITION	LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N(A	
Trincipal office united to 25 to 1 Kggs 7105 Klass		
Enter new mailing address, if applicable:		
	MIA	
(Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office ac	idress on our records, enter the name	e of the new regist
agent and/or the new registered office address here:		
		7: Jo
Name of New Registered Agent:	MA	<u> </u>
New Registered Office Address:		
THE RESIDENCE OF THE STATE OF T	Enter Florida street address	PF 2: 14
	Florida	
	, Florida	Zip Code'
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree	y to act in this canacity. I further our	ee to comply with
provisions of all statutes relative to the proper and complete p		, ,

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
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			□ Change
			☐ Change
			□Add
			□Remove
			□Change
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ote: If the o	late inserte	1 in this blo	date of filin be specific and ick does not i partment of S	meet the ap	plicable stat	filing or more atory filing r	(0 than 90 days equirements,	ptional) after filing.) Pure this date will	suant to 605.0207 anot be listed as t
ecord speci is filed.	fies a delay	ed effective	date, but no	t an effectiv	ve time, at 11	2:01 a.m. on	the earlier o	f: (b) The 901	h day after the
ited <u>Mal</u>	RCH	17th		, <u>202</u>	<u>.</u> .				
	Mu	(1 <u>1 1</u>							
		:	Signature of a	member or a	uthorized rep	resentative of	a member		

Typed or printed name of signee