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COVER LETTER

Division of Cor				
SUBJECT: 1	erior Que	een Hair 4 ited Liability Company	Beauty LL	C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Adrianne	Little Name of Person		
	2503 Li	ndey Ct.		
	Tallahas	osee F1 3	32310	
	Superior 9 E-mail address	City/State and Zip Code WCO 2019 @ to be used for future annual report notif	amail com	24 24 24 24 24 24 24 24 24 24 24 24 24 2
For further information e	oncerning this matter, please ca	ali:	PM 3: 1	
Name o	f Person		: Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$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)	
N141F	INC ADDDESS.	etdeet/Calidi	FD ANNUFEC.	

MAILING ADDRESS:

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

Inferior The Articles of Organization for this Limited Liability Company were filed on \perp Florida document number <u>L180</u>00252656 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 "L.L.C." 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 address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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 Type of Action Title <u>Address</u> Name Jontanou's Larry ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Remœe □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Note:	tive date, if other than the date of filing:	0207 (3 d as th
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie e 90 th day after the record is filed.	er of:
Dated	Odrani:	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00