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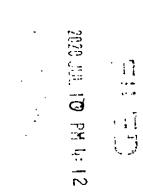
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AUG 22 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mobile Hair	- 4 you LLC
Name o	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
MICAH	Sm/46 Name of Person
Mubila	Hill 4 YW LLC Firm/Company
17615 N	W 1st Ave
13012 1	Address
Mumile huir	City/State and Zip Code YwLLC e yuLoo. com ress: (to be used for future annual report notification)
For further information concerning this matter, plo	
Micah Smith Name of Person	at (786) 447. 0216 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Continue Certificate of State	· · · · · · · · · · · · · · · · · · ·
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ed Liability Company as it n (A Florida Limited Liability C		728 3
The Articles of Organization for this Limited L. Florida document number <u>1190000</u> 3	iability Company were fil しとうフ	ed on $\frac{7/1/20}{}$	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability con	npany here:	2
The new name must be distinguishable and contain the w	ords "Limited Liability Compa	any," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:		
Name of New Registered Agent:	Micah Sp	nith	
New Registered Office Address:	13615 NU	11 Fr 15 F AVC. Enter Florida street address	
		, Florida	
	City	,	Zip Code

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>	Address	Type of Action
MGK	bubby Selby	13615 NW 151 AVE	□ Add
	,	1 MIUMI FL 33161	Nemove
			□Change
MGR	Micah Smith	13615 NW 1St AVE	O⊅∕Add
		n Mlumi FL 33161	□Remove
			□Change
			□ Add
		<u></u>	□Remove
			□Change
		<u></u>	□Add
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ote: If the da	e, if other than the is listed, the date ate inserted in thi ective date on th	is block does t	not meet the a	applicable stati	filing or more the distance of	(option 90 days after quirements, this	onal) filing.) Pursuant to s date will not be	605.0207 (listed as t
ecord specific	es a delayed effe	ective date, but	t not an effec	tive time, at 1:	2:01 a .m. on th	ie earlier of: (b) The 90th day a	ifter the
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	7/1			1				
	<u> 7/1</u>	Signature	of a member o	authorized rep	resentative of a	member		