## L19000094051

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations		
SUBJECT: Kj	nky Crowns	Hair LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ross	ie Wright Name of Person	<del> </del>
	Kinky	Crowns Hair	1. 107-403 PR 2: 1
	<u>731 Du</u>	IVAL Station Ro	d. 107-403 22 1
	Jackso	City/State and Zip Code  Trowns hair @ 9r  to be used for future annual report not	718 FLORES
	Kinky (	Trowns hair@gr to be used for future annual report not	nail.com
For further information c	oncerning this matter, please c		
		at ( <u>904</u> ) - 40 Area Code Daytin	4 -7088
Name o	i Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration So	ection
Division of C		Division of Co	
P.O. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Kinky Crown	DIMI				
(A Flor	B Hair  bility Company as it now apprida Limited Liability Company	pears on our records.) iy)			
he Articles of Organization for this Limited Liability lorida document number <u>L190009605</u>	Company were filed on			id assigne	d
his amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li Ruby Reign LLC the new name must be distinguishable and contain the words "I			r the abbreviati	on "L.L.C."	•
Enter new principal offices address, if applicable:			<del>-</del>	<b>~</b>	
Principal office address MUST BE A STREET AD	DRESS)		50 C	4 35.0 4 3.5.0 4 3.5.0	11
Enter new mailing address, if applicable:			FILE SEE	U6 21 P	1
Mailing address MAY BE A POST OFFICE BOX)				1214	`
			ے۔ e name of th	<u>не печ ге</u>	gister
gent and/or the new registered office address her		ır records, <u>enter Ih</u>			
		ır records, <u>enter th</u>		<del></del>	<del></del>
gent and/or the new registered office address her	<u>e</u> :	Ir records, <u>enter th</u> Florida street address		<u>-</u>	
	<u>e</u> :				

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>	Name	<u>Address</u>	Type of Action
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			□ Remove
			□ Change
			Add
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