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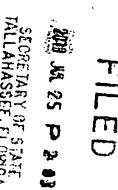
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KINK HAIR COMPANY LC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lindsay Ingeneri Name of Person
Kink Hair Company LLC
2388 Commercial Way
Spring Hill Fl. 34606  City/State and Zip Code  LTS+ 115+ Q Q Q Q COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lindsay Ingenerical at (828) 242-1053 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee \& Certificate of Status \& Certified Copy (additional copy is enclosed)

TO:

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

Kink Hair Cor	miany LLC:	FILED
(Name of the Limited) (A	Lialility Company as it now appears on Florida Limited Liability Company).	<u> </u>
The Articles of Organization for this Limited Liab Florida document number		ORE CARY OF CHIE and assigned JAHASSEE. FLORIDA
This amendment is submitted to amend the follow	ng:	· · ·
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		r records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida si	treet address
	City	, Florida Zip Code
N. D. L. L. L. C. C. L. L. D. L. C.	•	•

#### 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>	Name	Address	Type of Action
			D Add
			Remove
			□ Change
			Add
		·	Remove
		· · · · · · · · · · · · · · · · · · ·	Change
	<del> </del>		
			☐ Remove
		<del></del>	□ Change
			Remove
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		<del></del>	Add
		<del> </del>	□ Remove
			Change
		<del> </del>	
		<del></del>	☐ Remove
			□ Change

I need to amend the MGR or realisters
agents home address.
Previous Home address:
Lindsay T Ingenen
11 Idean to 2111 7
Hudson F1 34667
New address:
Lindsay T Ingeneri
6 Highland St.
Brooksville Fl. 34601
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated July 22nd . 2019.
Signature of a member or authorized representative of a member
Lindsay T. Tryped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00