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Y. SCOTT
JUN 2 1 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor							
	LEONSO HAIR STUDIO LLO	С					
SUBJECT:	Name of Limi	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling.					
Please return all correspo	ndence concerning this matter	to the following:					
	CARLOS ALFONSO ROI	DRIGUEZ					
		Name of Person					
	CARLOS ALFONSO HAI	R STUDIO LLC	2022 APR 28 SESPETAR TOLLLAW				
		Firm/Company	APR				
	1135 NW 124TH PL		ARY AHAS				
		Address	8 PH				
	MIAMI, FL 33182		PH 2: 11 Y OF STAT				
		City/State and Zip Code	m -				
	oksanaalca@gmail.com						
	E-mail address: (to be used for future annual report notif	ication)				
For further information c	oncerning this matter, please co	all:					
CARLOS ALFONSO RO	ODRIGUEZ	305 206-9456 at (
Name o	f Person		: Telephone Number				
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction				
Division of C	Corporations	Division of Corporations					
P.O. Box 632		The Centre of T	allahassee e Street, Suite 810				
Tallahassee	ti 5/514	Z4TO IN IMIONIO	e ancer anne atu				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&C INFINITY GLAM LLC					
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	<u>records.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000162354}{L19000162354}$.	were filed on <u>06/19/2019</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
CARLOS ALFONSO HAIR STUDIO LLC					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1135 NW 124TH PL	20			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33182	77A			
		Harris See 1			
Enter new mailing address, if applicable:		PH PH			
(Mailing address MAY BE A POST OFFICE BOX)) 2: 1 5.F			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new regis			
The state of the s					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street	t address			
	Fiarida				
	City	_, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				
I hereby accept the appointment as registered agent and agr	ree to act in this capacit	v. I further agree to comply with			
provisions of all statutes relative to the proper and complete	e performance of my dut	ties, and I am familiar with and			
accept the obligations of my position as registered agent as					

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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Effective date, if of If an effective date is lis Note: If the date ins document's effective	ted, the date must be erted in this bloo	e specific and a k does not me	cannot be prior to eet the applical	date of filing o	or more than 90 c	_ (optional days after fents, this	iling.) Pur	suant to 60 not be lis	95.0207 (3) sted as the
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Dated Apv	11 22	,	2027						
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