L19000216913

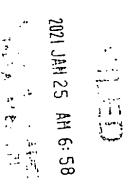
(Requ	estor's Name)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to Fil	ing Officer:	

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COVER LETTER

TO: Registration Sec Division of Corp			
suвјест: <u>Ар</u> р	Name of Lim	netics, LLC ited Liability Company	
	Amendment and fee(s) are sub	-	
r icase return an correspon	idence concerning and matter	to the following.	
	Chasity	M. Murray Name of Person	······································
	_Applehe	ad Cosmetics Firm/Company	LLC
	_1055 Eve	rglade Drive	·
	Niceville	FL 32578 City/State and Zip Code	
	Nego @ +	heappleheadbe	and.com
For further information co	ncerning this matter, please ca	all:	
Chasity A	1. Murray	at (850) 368 -	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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)

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**

Oppiehead Cusmic de Name of the Limited Limite	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000 216913</u> .	were filed on <u>August 210,2019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	- 1
The Opplehead Brand; L. The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1437 Cat-Mar Rd.
(Principal office address MUST BE A STREET ADDRESS)	Drick House Niceville, FL 32578
Enter new mailing address, if applicable:	1512 E John Sims PKWY
(Mailing address MAY BE A POST OFFICE BOX)	1512 E (John Sims Pkwy #351 Nicwille, FL 32578
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 1437	Cat-Mar Rd.

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.

<u>Niceville</u>

Enter Florida street address

Florida __

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> Citle</u>	<u>Name</u>	Address 2021 JAH 25 AM 6: 58	Type of Action
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			□Remove
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i ainenning any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2021 JAN 25 AM 6: 58
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ffective date, if	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date i	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effecti	ive date on the Department of State's records.
ecord specifies a	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated <u>Jar</u>	пиаку 13 , 2021.
	Massly 201 ay Signifure of a/member or authorized representative of a member
	/ i/