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COVER LETTER

Registration Section TO: **Division of Corporations** Crowned by Alexis Beauty Collection LLC

SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	Alexis M Smith
	Name of Person
	Boss Is She LLC
	Firm/Company
	5614 Balboa Dr
	Address
	Orlando, Fl 32808
	City/State and Zip Code
	bossisshe19@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Alexis M Smith	407 520-7600 at ()
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for th	_
□ \$25.00 Filing Fee	S30:00-Eiling Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

3

Crowned by Alexis Beauty Colletion LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000240706</u>	The state of the s
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Boss Is She LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5614 Balboa Dr
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl 32808
Enter new mailing address, if applicable:	5614 Balboa Dr
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Fl 32808
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered 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 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
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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