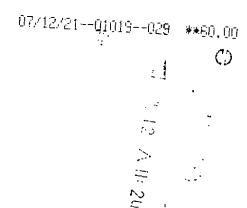
L19000 257408

(Re	questor's Name)	
(Ad	dress)	
(Àd	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only 5, (-



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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:		l Hair and Body Care LLC			
SOBJECT.		Name of Lim	nited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	ı all correspo	ondence concerning this matter	to the following:		
		Gladys L Wills			
			Name of Person	-	
		Epiphanii II Hair and Body	y Care LLC		
	Firm/Company			-	
		22301 SW 118TH CT			
			Address	-	
		Miami, FL 33170			
			City/State and Zip Code	•	
		epiphaniihb@gmail.com	to be used for future annual report notification)		()
F £t:	- F		-	:	
		oncerning this matter, please ca	aii:	, ; 	
Gladys L Wi	ills		786 209-7291 _ at ()		
	Name o	f Person	Area Code Daytime Telephone Number	A 11:20	•
Enclosed is a	check for th	ne following amount:		11.5	
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
	iling Addres gistration S		Street Address: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Epiphanii II Hair and Body Care LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on October 14, 2019	and assign	ıed
Florida document number L19000257408			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:		. !	() -
(Mailing address MAY BE A POST OFFICE BOX)			
		٠٠,	
B. If amending the registered agent and/or registered office	e address on our records, enter the na	me of the new re	: egistere
agent and/or the new registered office address here:		27	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida _	Zin 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 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
AMBR	Gladys L Wills	22301 SW 118TH CT, Miami, FL 33170	□Add
			□Remove
AMBR	Harold W. Major SR	22301 SW 118TH CT, Miami, FL 33170	
			□Remove
			■Change
			DAdd ()
			Remove
			☐ Change
			□Add
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e: If the date inserted in this	nust be specific and cannot be prior to date of filing	
cord specifies a delayed effec s filed.	tive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after th
July 9 ed	2021	
Hady	Signature of a member or authorized represent	

Filing Fee: \$25.00