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| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | • |
|---|---|
| SUBJECT: Rose & Company Hair Replacement Salan &. Name of Limited Liability Company | Boutique LLC |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Amanda Berry Name of Person | |
| Fitm/Company | _ |
| 110 E. OLD HILLS BORDUGH | _AuE |
| Fitm/Company 110 E. OLD HILLS BORDUGH Address Seffner, Fl. 33584 City/State and Zip Code Amanda McDaris a gmail. E-mail address: (to be used for future separal report notification) For further information concerning this matter, please call: Amanda Berry at (813), 546, 9066 Name of Person Area Code Daytime Telephone Num | 2024 APR SECOLE 1 |
| For further information concerning this matter, please call: | ARY L |
| Amanda Berry at (813) 546 9066 Name of Person Daytime Telephone Num | PA III |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed) | Filing Fee, licate of Status & lied Copy onal copy is enclosed) |
| Mailing Address: Street Address: | |

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

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

Rose is Company Hair Replacement Salon & Boutione LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (| a chilica chaomy company) |
|--|---|
| The Articles of Organization for this Limited Liability C | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lim | ited liability company here: |
| Naturally Yours Hair The new name must be distinguishable and contain the words "Lim | r Solutions LLC == |
| Enter new principal offices address, if applicable: | 112 West Windhorst Rd. |
| (Principal office address MUST BE A STREET ADDI | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 112 West Windhorst Rd. Brandon, F1. 33510 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, enter the name of the new registered |
| Name of New Registered Agent: | Amanda Berry |
| New Registered Office Address: | O E. OLD HILLS BOROUGH AVE. |
| _3_ | effner , Florida 33584 Zip Code |
| New Registered Agent's Signature, if changing Decisions | of the same |

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 |
|--------------|--------------|---|----------------|
| Mgr. | Amanda Berry | 110 E. OLD Hillshoro Seffner, F1 33584 | Wh DAdd |
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