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COVER LETTER

TO: Registration Division of C					
BRAIDI.	NG BY HERITAHE LLC				
SUBJECT:	Name of Lir	nited Liability Company			
	of Amendment and fee(s) are sultipondence concerning this matter	-			
	RASHIDA DIXON KNO	WLES			
		Name of Person			
BRAIDING BY HERITAGE LLC					
Firm/Company					
3749 CORAL SPRINGS DRIVE			·		
Address					
	CORAL SPRINGS, FL 33	3065			
		City/State and Zip Code			
	E-mail address;	(to be used for future annual report noti	fication)	20 J	
For further information	concerning this matter, please c	·	,	JAN 3	-
RASHIDA DIXON KI	NOWLES	954 692-4705		SO PIT	ָרָרָרָיִנְיּ ייניינייייייייייייייייייייייייייייי
Name	of Person	at () Area Code Daytime	e Telephone Number	- 15: 15	117.7
Enclosed is a check for	the following amount:			70	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &	

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

BRAIDING BY HERITAHE LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) itted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on O1/09/2020	and assigned
Florida document number L20000017145		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	<u> </u>
		20.
Enter new mailing address, if applicable:		¥ 2
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
- -		<u> </u>
		2. C
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	
	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
MGR	TONONIYA KNOWLES	3749 CORAL SPRINGS DRIVE	≣ Add
		CORAL SPRINGS, FL 33065	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
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RASHIDA DIXON KNOWLES		· / 81	gnature of a member or authorized re	presentative of a member	
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Filing Fee: \$25.00