## L20000034923

| (Requestor's Name)                      |
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| PICK-UP MAIL MAIL                       |
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| (Business Entity Name)                  |
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| Continues of Status                     |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## COVER LETTER

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Am my Hair by D4 beauty Name of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Shanisha Descally Name of Person   |
| D3 Beautique<br>Fiun/Company   |
| P.O. BOX 391   |
| Midwery F 32343  City/State and Zip Code  d3 beautique Co a gmail con  E-mail address: (to be) used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Slanisha Descally at (784) 973-6352  Name of Person at (784) Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee,  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

| (Name of the Limited Liability Compar<br>(A Florida Limited L   |  | LLC                      |
|---|--|--------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000634923</u> .   | were filed on 1/28/2020                      | and assigned             |
| This amendment is submitted to amend the following:   |  |                          |
| A. If amending name, enter the new name of the limited liabi  D3 Beautique LL  The new name must be distinguishable and contain the words "Limited Liabil | $\mathbb{C}$                                 | obreviation "L.L.C."     |
| Enter new principal offices address, if applicable:   |  |                          |
| (Principal office address MUST BE A STREET ADDRESS)   |  |                          |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | P.O. Box 391<br>Midway F1 3:                 | 2343                     |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | address on our records, <u>enter the nar</u> | ne of the new registered |
| Name of New Registered Agent:   |  | - <del>Σ</del>           |
| New Registered Office Address:  | Enter Florida street address                 | 23                       |
|   | , 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 |
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| <u>Vote:</u> If        | date, if other than the date of filing:  ve date is 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records. |
| record s<br>I is filed | pecifies 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                   | $\frac{9/29}{000} \cdot \frac{2021}{1}$  |
|                        | Signature of a member or authorized representative of a member   |
|                        | Signature of a member of a member  |
|                        | 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |