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COVER LETTER

TO: Registration So Division of Con			1
SUBJECT:		ei Hair LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Jeans	ne L Moragene	
	5	imbi Hair LLC Firm/Company	
	5521 NW 15	St Ave APt3 Address	
	Miami FL	33127 City/State and Zip Code	
Power Country on the Comments of	V	be nel O mail. Com be used for furye annual report notifi	cation) .
	me L Moragen: of Person	eat (<u>6_3_1</u>) <u>691 - &</u> Area Code Daytime	187 Telephone Number
Enclosed is a check for t	he following amount:		
V. \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 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



(Name of the Limited Liabil	DI Haik LLC
(A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $03/05/2020$ and assigned
Florida document number <u>L 20000073096</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	N. Miami Bch, FL 33/62
Enter new mailing address, if applicable:	007.11.1.1011.05
(Mailing address MAY BE A POST OFFICE BON)	995 NW 119th ST Unit 680272 Miami, FL 33168
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Jeanne L Moragene = 463 NE Gh Ave
New Registered Office Address:	463 NE Ch Ave Enter Florida street address Co
77.7	Miami Bch Florida 33/62
	Cuy Zip Cout

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 Reckycold Agent. Signature of New Registered Agent

If amendir sexuthorized 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
			□Add
			Remove
			□Change
			□ Add
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an effective ote: If the	ate, if other than the date of filing:date is listed, the date must be specific and can date inscried in this block does not meet effective date on the Department of State	not be prior to date of filing the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to r filing requirements, this date will not be	605,0207 (listed as t
record spe	cifies a delayed effective date, but not an e	effective time, at 12:01	a.m. on the earlier of: (b) The 90th day :	ifter the
is tiled.				
is filed.	_10/13/2021	·		
is filed.	(0/13/202). Signature of a memi	·		