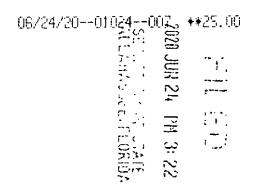
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	3's Store L	LC ·	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Johnetto	Fisher Name of Person	
		Firm/Company	
	7086 Queen	of Hearts et	
	Jacksonvil	Ne Florida 3221 City/State and Zip Code	O
		to be used for future annual report notific	
For further information c	oncerning this matter, please c.	all:	70 1741
Ja'Bod P	Person	at (<u>904</u>) 868 - 5 Area Code Daytime	815 JUN 21
Enclosed is a check for the	ne following amount:		
★) \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feed Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Sect	ion
Division of C	orporations	Division of Corpo	

The Centre of Tallahassee

Taliahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	ty Company as it nov Limited Liability Cor	v appears on our records.) npany)		
The Articles of Organization for this Limited Liability Co. Florida document number L2000019947	ompany were filed	I on March 12, 2	020	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit Hair Wonder and P. The new name must be distinguishable and contain the words "Limit	reauty Si	DDLY LLC	the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	. ,			
(Principal office address MUST BE A STREET ADDR	PESS)	23 57 57	2020 JUN	
Enter new mailing address, if applicable:		Đ. M	2	4
(Mailing address MAY BE A POST OFFICE BOX)	11 -2			
Comming Manacas Mari Philaret 1951 Of Fred 1953		<u> </u>	2 2	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address or	our records, <u>enter the</u>	name of	the new registered
Name of New Registered Agent:				
New Registered Office Address:	· ·			
	15)	iter Florida street address		
<u> </u>	City	Florid		ip Code
New Registered Agent's Signature, if changing Registered	•			,
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performa gent as provided f	nce of my duties, and I or in Chapter 605, F.S.	am famii . Or, if th	liar with and is document is

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>	<u>Address</u>	Type of Action
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reffective date is li	sted, the date must be	specific and ca	unnot be prior	to date of filing	or more than 90	days after f	īling.) Pr	ursuant to	605.020
<u>le:</u> If the date in:	serted in this block e date on the Depar	does not med	et the applica	ible statutory	filing requirer	nents, this	date wi	ll not be	listed a
ament s circuit	e date on the 15cpm	runem or sta	ic s records.						
cord specifies a c s filed,	delayed effective da	ite, but not ar	i effective tir	ne, at 12:01 a	i.m. on the ear	lier of: (b)	The 9	t0th day i	ifter the
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cd <u>June</u>	22, 2020 Signal Johnet	nature of a me	mber or autho	rized represent	ative of a memi	er .			-

Filing Fee: \$25.00