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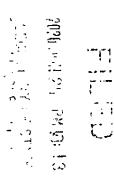
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COVER LETTER

TO: Registration S Division of Co		
	Arri Toma	es Salon LLC
SUBJECT:	Name of Lim	ited Liability Company
	•	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	Danielle	H. Leque
	Cary Ja	ines Salar LLC
	1061 Fair	fax Cir W
	Bayntin	Beach FL 33436 City/State and Zip Code
	3	enyratate and zap code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	att:
Danielle	Lemire	ar 978, 886-3389
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section
Division of	Corporations	Division of Corporations
P.O. Box 63 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
i allaliassee.	1 12 フンフィブ	2410 IV. Monioe Street, Suite 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gary James Salon LLC

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company we Florida document number 120000 11445 9	vere filed on <u>4/28/2020</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	Idress on our records, enter the nan	ne of the new registered	
Name of New Registered Agent:	N/A		
New Registered Office Address:	Enter Florida street address	<u>. </u>	
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I am covided for in Chapter 605, F.S. Or	familiar with and if this document is	

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	Danielle M. Lenire	1061 Fairfax Cir W	DAdd
		Baynen Beach FC 3348	76 □Remove
			□Change
			□Add
			□Remove
		·	□Change
	-		□Add
			□Remove
			□Change
			□Add
		· :·	Remove
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			 □ □Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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