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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: FOVEVER Long Hair, LLC 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:
Loriane I Ramos Mc. Dougall Name of Person
Forever Long Hair, LLC
10203 Eastmar Commons Blud
Apt 1722 Vlando, FL 32825 City/State and Zip Code Forever/bnahairproductsoamail com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 407 335-1543 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1	iability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records,	enter the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
	- · · · · · · · · · · · · · · · · · · ·	, Florida City Zip Code	
	•	Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		

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 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
MGR	Loriane I Ramos	10203 Eastmar Common	S XAdd
		Blv-1 Apt 1700 Orlando	Remove
		FL 30825	□Change
			□ A dd
			□Remove
		<u> </u>	Change
			⊡Add
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			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
D. II amending any other market of the second property of the second
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)(the 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.
Dated Tuesday September 8, 2020. Signature of a member of authorized representative of a member
Loriane Ivette Ramos Mc. Dougall Typed or printed name of signee

Filing Fee: \$25.00