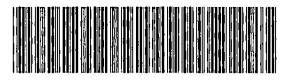
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(Requestor's Name)
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	BABY ĢUI	RL HAĮR & COMPANY LLC	· . •	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		DAPHNE LEYS		
			Name of Person	
		BABY GURL HAIR & CO	OMPANY LLC	
			Firm/Company	
		8013 NW 70TH AVENUE	i.	
		-	Address	
		TAMARAC FL 33321		
			City/State and Zip Code	
		babygurlhairco@gmail.com		
		E-mail address: (to be used for future annual report not	itication)
For further i	nformation c	oncerning this matter, please co	all;	
DAPHNE L	EYS		954 5313595	
	Name o	f Person	at ()	Telephone Number
Enclosed is	a check for th	ne following amount:		
☐ \$25.00 I	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)
Re Di P.0	D. Box 632	Section Forporations 7	Street Address: Registration Se Division of Cor The Centre of	rporations Fallahassee
ı a	llahassec, I	rl 34314	4413 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BABY GURL HAIR & COMPANY	Y LLC	
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number L20000226096	iability Company were filed on 07/29/2020	and assigned
This amendment is submitted to amend the follo	owing:	20'
A. If amending name, enter the new name of	f the limited liability company here:	2020 OCT
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
	-	చ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or r agent and/or the new registered office address	egistered office address on our records, <u>enter the na</u> ss here:	ame of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	гір Сойе

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 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>	Address	Type of Action
AMBR	LEYS DAPHNE	8013 NW 70TH AVENUE	□Add
		TAMARAC FL 33321	■Remove
			Change C
AR	LEYS DAPHNE	8013 NW 70TH AVENUE	
		TAMARAC FL 33321	- P
			Change
			□Add
			□Remove
			□Change
			Remove
			□Add
			□Remove
			Cl Change
			□Add
			□Remove

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Effective de	ate, if other than the	date of filings			(anti	anal)	
Note: If the	ate, if other than the date is listed, the date mus e date inserted in this blue effective date on the De	ock does not me	et the applicabl	date of filing or mo e statutory filing	re than 90 days after requirements, the	r filing.) Pursuant t is date will not b	o 605.0207 (3)(e listed as the
the record spectord is filed.	cifies a delayed effective	e date, but not a	n effective time	e, at 12:01 a,m, o	n the earlier of: (I	o) The 90th day	after the
Dated OCT	OBER 12TH		2020				
Dated	x Danh	1011		•			
	· / / / WHIN	<u> </u>	<u> </u>	ed representative o			_

Filing Fee: \$25.00

Typed or printed name of signee