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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Name of Lim	the Hair Bou	tique
	,		V
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Anetra Ri	Name of Person	
		Firm/Company	
	US9 SW Dex	Her Circle APT 20.5	lake City FL32025
	Lake 1	City/State and Zip Code	
	Ovnetra richo	was 92 6 gmail Cor to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
Anetra Ri	Mardson of Person	at ( <u>352</u> ) <u>226-12</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C P.O. Box 632	-	Division of Cor The Centre of T	-
Tallahassee,			e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxuru Couture Hair Brotique

( <u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2 0000 236 228</u>	ompany were filed on $\frac{0805/2020}{}$ and assigned $\frac{2020}{}$ .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit the new name of the limit the new name must be distinguishable and contain the words "Limit the words "Lim	ted liability company here:  1
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	SEP 28 AMII: 22
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	54 NE 16910 Me  Enter Florida street address
	Williston Florida 32696
Now Bogistored Agant's Signature if changing Dogistored	City Zip Code
	1 48 474 (14.1)

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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 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>l'itle</u>	<u>Name</u>	Address	Type of Action	
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