## K20000338195

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## **COVER LETTER**

TO: Registration Se Division of Cor		
	Exquisite Hair LLC	
SUBJECT:	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:
	Kelsey Polasek	
		Name of Person
	ZenBusiness INC	
		Firm/Company
	5511 Parkerest Drive STF	E 103
	<del></del>	Address
	Austin, Texas, 78731	
	<del></del>	City/State and Zip Code
	fulfillment@zenbusiness.co	om 521
		om (to be used for future annual report notification) [7] [7] call:
For further information c	oncerning this matter, please c	all: 22 .
Kelsey Polasek c/o Zenł	Business INC	844 493-6249 The state of the s
Name o	f Person	at ()
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 632	2.7	The Centre of Tallahassee
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jay Elle's Exquisite Hair LLC				
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appears on our records.) ability Company)			
he Articles of Organization for this Limited Liability Company v	vere filed on 8-6-2020		_ and ass	igned
orida document number 1.20000238195				
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabil	ity company here:			
ay Elle's Hair LLC				
ne new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbrev	iation 1	L.C.
nter new principal offices address, if applicable:			<del></del>	
Principal office address MUST BE A STREET ADDRESS)			<del>-</del>	
			<del>- 3</del>	
			$\Box$	٠ ,
		•	22	:
nter new mailing address, if applicable:		·.	-0	4 7
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>		·		T-SR
		•	, J	}_489
If amending the registered agent and/or registered office adent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	name of	f the nev	v regi
Name of New Registered Agent:				
New Registered Office Address:	#P-1			
	Enter Florida street address			
	, Florid	la		
	City		Zip Code	

## 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 amonding 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>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
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ective date, if other than the d	ate of filing:				(optional)		
reflective date is listed, the date must tel:  If the date inserted in this block.							
cument's effective date on the Dep			in district the	ing radar care	, and the dive		
cord specifies a delayed effective s filed.	date, but not a	r effective time	e, ut 12:01 a.m	, on the earlie	r of: (b) The S	Oth day a	fter the
November 15	·	2021	. •				
_/S/Jabras							
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