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OCT 13 2020 T. LEWIEUX

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Elîfe	Hair and I Name of Limi	Beauty Subbly ted Liability Company	<u>, </u>
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
· i	Finntzo	Sope SSP Name of Person C Firm/Company	
	6126 NU	1 26+H 5+ Address	
	SunRise Elitettair	FILOPIDA 33 City/State and Zip Code 239 9mail. Com o be used for future annual report notifi	313 fication)
For further information co	oncerning this matter, please ca	ıtl:	
H Mn/30 Name of	Sape SSe Person	at (305) 36) Area Code Daytime	- 1462 e Telephone Number
Enclosed is a check for the	e 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 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 120 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 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>	Name	Address	Type of Action
MGR	Finanto Sagesse	6/26 NW 26tHSt Sunriso Florida 333	_ @Add
			□Remove
			□Change
AMBR	SHavie Watkins	6126 NW 26HH St SunRise FL 33313	□Add
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