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COVER LETTER

Division of Corporations	
SUBJECT: Mobile Hair	4 you L.L.C
Name of L	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
/	•
MICAH	
	Name of Person
Mebile.	Hair 4 you C.C.
	Firm/Company
1310 N	W 173 TER Address
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1/211,	1-6. 33/69
	City/State and Zip Code
Mohn & hair E-mail address	s: (19 be used for future annual report notification)
For further information concerning this matter, please	e call:
MICGL SM/LL Name of Person	at (786) 734. 9482 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address;	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on and assigned
Florida document number <u>L2000027403</u>	<u>1</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2540 NU 29th St
(Principal office address MUST BE A STREET ADD	RESS) Migni F1. 33142
Enter new mailing address, if applicable:	2540 AU 29H SK & Miani Fl. 33142 =
(Mailing address MAY BE A POST OFFICE BOX)	Miani Fl. 33/42 ==
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registe
Name of New Registered Agent:	omes Jackson
New Registered Office Address:	Enter Florida street address
	116 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and A manage.

New Registered Agent's Signature, if changing Registered Agent:

Mebile ho

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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
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record specifi I is filed.	es a delayed o	effective date	e, but not	an effective time	e, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
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