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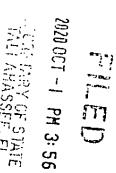
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	SCOUPSTYICS HAI Name of Lim	T and Futique L ited Liability Company	16
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EVEIST	Name of Person	
	<u>Bussedup.s</u>	tyles beauty bar	<u>-</u>
	7585 NW	Address	
	Laudernill	FL 33319 City/State and Zip Code	
	EVEISHA, RUSS	el W yahw. cum to be used for future annual report notif	
For further information c	oncerning this matter, please ca		ication)
Eversha	Bussell	a1(954)bb9-	3 <b>\$</b> 00
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25,00 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)

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

	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number 900351731129 ETIN	vere filed on 972020 and assigned 1#845121944
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  BUS SCOUPSTYLES HAIR AND LUMBLE  The new name must be distinguishable and contain the words "Limited Liability".	UC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1585 NW 44th Street Laukanill Fl 33319 Apt 1703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7585 NW YUTH Street Lawrill FI 33319 Apt 17U3
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: EVE  New Registered Office Address: 2332	HOLLYWOOD BLVD Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	Florida 33070  Zip Code  Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	

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

3020 OCT - 1 PH 3: 56

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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90 cord is filed.	)th day at	fter the
Dated 9 27 . 2020		
Signature of a member or authorized representative of a member		
Typed or printed name of signee		