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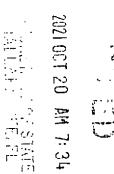
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COVER LETTER

	istration Se ision of Cor		· · · · · · · · · · · · · · · · · · ·	
SUBJECT:	Braidz N Bo	eadz LLC		
Obsect.		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
lease return	all correspon	ndence concerning this matter	to the following:	
		Siaya Hodge		
		1.200	Name of Person	
		Braidz N Beadz		
			Firm/Company	
		111 NW 183RD St Suite#	101	
			Address	
		Miami Gardens, Florida 3.	8169	
			City/State and Zip Code	
		braidznbeadzbyshy@gmail.		
or further in	formation co	b-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)
Siaya Hodge		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	786 287 9638 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	c following amount:		
■ \$25,00 F	iting Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 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

Braidz N Beadz LLC

2021 OCT 20 AH 7: 34

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{9/16/2020}{}$ ___ and assigned Florida document number <u>L20000290493</u> 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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Siaya Hodge	111 NW 183RD ST Suite #101	□Add
		Miami Gardens, Fl. 33169	□Remove
		*************	≅ Change
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ecord specifies a delayed is filed.	effective date, but no	t an effective tim	e, at 12:01 a.m. on th	e earlier of: (b) The 90	th day after the
October 12		2021			
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Typed or printed name of signee