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Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI	ECT:	MINICAN Beauty Name of Limited	History Salen LLC		
		mendment and fee(s) are submi			
Picase	return an correspon	defice concerning this name. to			
		Juschn	Name of Person		
		Dyninican	Becuty Heir Salar Firm/Company	146	
		1704 Rhoad	Address	 	.:./ 22
		Sarasota	FL 34234 City/State and Zip Code		22 AUG 26 PM 4: 02
			be used for future annual report notif		
For fu	ther information co	ncerning this matter, please call		(Manual)	02 ÷ 03
	Sucher Phil	ihel	at (C141) 300 - 300 - Dayting	- W797_ e Telephone Number	-
	Name of	Person	11100 0112		
Enclos	ed is a check for th	e following amount:			
⊠ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
	Mailing Address Registration S		Street Address: Registration Se	ction _	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dominican Document	1 Hour Dalon	<u>, LLC.</u>		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appe uted Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>レ2000331385</u>	pany were filed on _	10/20/2020	and as	signed
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company l	nere:		
he new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abbr	eviation "I	.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u>s)</u>		22	<u> </u>
	<u> </u>			্রি <u>সংগ্</u> র
			26	857- 857-
inter new mailing address, if applicable:			P	51" 51.
Mailing address MAY BE A POST OFFICE BOX)			ŧ:	VI TON OF CONTURATION
			02	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our	records, <u>enter the name</u>	of the ne	w registe
Name of New Registered Agent:				
New Registered Office Address:	I . Pi	orida street address		
	Enter Flo	oriaa sireei aaaress		
		, Florida	7: (2.1	
	City		Zip Code	

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>	Address	Type of Action
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