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DEC 1 4 2020

## COVER LETTER

	STUDIO LLC		
	Name of Lim	ited Liability Company	
d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
ail correspo	ndence concerning this matter	to the following:	
	WILFREDO MIRANDA		
		Name of Person	
	WM HAIR STUDIO		
		Firm/Company	<del></del>
	3050 LA SPEZIA CIR AP	T 225	
		Address	
	KISSIMMEE FL 34741		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
nformation c	oncerning this matter, please c	all:	
O MIRANDA		407 459-5286	
Name o	f Person	Area Code Daytii	ne Telephone Number
a check for th	ne following amount:		
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)
gistration S	Section	• Street Address: Registration S Division of Co	
O. Box 632 Hahassee, I		The Centre of	Tallahassee oe Street. Suite 810
	mformation e  O MIRANDA  Name of a check for the Filing Fee  milling Addressing istration of CO. Box 632	Name of Lim  If Articles of Amendment and fee(s) are sub In all correspondence concerning this matter  WILFREDO MIRANDA  WM HAIR STUDIO  3050 LA SPEZIA CIR AP  KISSIMMEE FL 34741  WILLMIRANDA230@GM  E-mail address: ( Information concerning this matter, please of District Miles of Person  a check for the following amount:  Filing Fee \$\Begin{array} \text{S30.00 Filing Fee & Certificate of Status}  \text{Silling Address: egistration Section vision of Corporations}  D. Box 6327	Sign of Corporations  WM HAIR STUDIO LLC  Name of Limited Liability Company  Id Articles of Amendment and fee(s) are submitted for filling.  And correspondence concerning this matter to the following:  WILFREDO MIRANDA  Name of Person  WM HAIR STUDIO  Firm/Company  3050 LA SPEZIA CIR APT 225  Address  KISSIMMEE FL 34741  City/State and Zip Code  WILLMIRANDA230@GMAHL.COM  E-mail address: (to be used for future annual report no information concerning this matter, please call:  D MIRANDA  Name of Person  Area Code  Daytin  a check for the following amount:  Filing Fee  \$30.00 Filing Fee & \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  willing Address: gistration Section  vision of Corporations D. Box 6327  The Centre of

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WM HAIR STUDIO LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)
The Articles of Organization for this Limited Liability Company	were filed on 06/10/2020 and assigned
Florida document number $\angle 200331818$ .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	30 W GRANT ST SUITE 128
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FLORIDA 32806
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3050 LA SPEZIA CIR APT 225 FIG. S
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	ř
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

## 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 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
AMBK	WILFREDO MIRANDA	33050 LA SPEZIA CIR APT 225	<b>≣</b> Add
, -		KISSIMMEE FL 34741	□Remove
			□Add
		<del></del>	□Remove
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Effortive data if other	or than the data of filing			antianal)
If an effective date is listed	I, the date must be specific and	f cannot be prior to date of	of filing or more than 90 days	optional) rafter filing.) Pursuant to 605.02
Note: If the date inser	ted in this block does not n ate on the Department of S	neet the applicable sta	tutory filing requirements	s, this date will not be listed
document 3 effective d	are on the tepartment of 5	tate 3 records.		
e record specifies a dela	aved effective date, but not	an effective time, at	2:01 a.m. on the earlier o	of: (b) The 90th day after the
ord is filed.	-, -, -, -, -, -, -, -, -, -, -, -, -, -			, , , , , , , , , , , , , , , , , , ,
Dated NOVEMBER 0	4	2020		
	(11/1////	hot !		
	[[]//hh	Mm		
	- 🗸 🗸 🌮 Signature of á i	piember or authorized re	presentative of a member	

Filing Fee: \$25.00

Typed or printed name of signee