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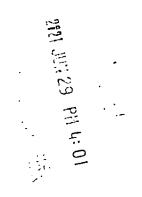
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

SUBJECT: Fore	ign Hair C	Olkatian LLC ted Liability Company	
	mendment and fee(s) are subn	<u>-</u>	
	Edna Thei	CMOQUE Name of Person	
	Foreign t	duir collection	UC
	4961 Have	hill Commons Address	Cir Apt 14
	\	City/State and Zip Code City/State and Zip Code Obe used for future annual report notifications Observed the content of th	33417 G. Can
For further information con	ncerning this matter, please ca	11:	
Edna Thele	emaque Person	at (<u>560</u>) <u>1003</u> - Area Code Daytime	-5296 Telephone Number
Enclosed is a check for the	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)

Registration Section

Division of Corporations

TO:

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

Forcion Hair Collection of the Limited Liability Compa (A Florida Limited	tion UC inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000347133</u>	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Her Pretty Crous The new name must be distinguishable and contain the words "Limited Liabi	in UC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~3
(Principal office address MUST BE A STREET ADDRESS)	
	29
Enter new mailing address, if applicable:	्र
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
Maning dauress MATT DE ATTOST OF THE DOLLAR	0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u> of the new registere
agent unaror the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Liner Fiorau mreet address
	, Florida City
	Cuy 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 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
			□ Add
			□Remove
			□ Change
			□Remove
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Tective date, if other an effective date is listed, to ote: If the date inserted occument's effective date.	the date must be specific and in this block does no	and cannot be prior to of meet the applicat		re than 90 days after		
record specifies a delayous filed.	ed effective date, but r	not an effective tim	ne, at 12:01 a.m. o	n the carlier of: (b) The 90th	day after th
ated June						
	Signature of	erroct.	inad same	of a manufact		

D.

Filing Fee: \$25.00