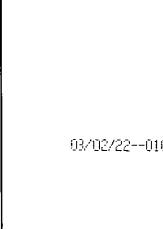
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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## **COVER LETTER**

ro: Registration Division of C		•	, <del>,</del> .
SUBJECT:	pulent Hair F	Soutique L	LC_
The enclosed Articles	of Amendment and fee(s) are submitt	ed for filing.	
Please return all corres	spondence concerning this matter to the	ne following:	
	Ravan R	Name of Person	
	Opulant Ho	ou'r Boutiqu	e LLC
	506 W Gra	Lines Stree-	<u> </u>
	info ( ) Co	CL FL 323  City/State and Zip Code  WHAIT WHI  DOE used for future annual report noti	au Com
For further information	on concerning this matter, please call:		
John R.	Pender ne of Person		e Telephone Number
Enclosed is a check f  ☐ \$25.00 Filing Fe	or the following amount:  e	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
		(additional copy is enclosed)	(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

Doublet Houk B (Name of the Limited Liability Compan- (A Florida Limited Liability Compan-	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the limited liability Company version version of the limited liability Company version versi	were filed on 12 23 2020 and assigned $\frac{12}{2}$
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "L.C." or the abbreviation "L.C."  504 W Gaines Street  Tallahassee, FL 32301
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	500 W Gaines Street Tallahassee, FL 32301
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  Talla	NGUNES STREET  Enter Florida street address  NOSSEC Florida 32301  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 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
AMBR	John R Pender	506 W Grains Street	□Add
		Tallahassee, FL 3230	Remove
			DChange
AMBR	Ravan C Bradwell	500 W Gaines Street	□Add
		Tallahassee, FL 3230	Remove
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ing: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	o 605∄
of State's records.	e liste
not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	/ after
. 2022.	
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Filing Fee: \$25.00