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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) DICK-UP WAIT MAIL (Business Entity Name) (Document Number)
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Special Instructions to Filing Officer:

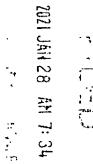
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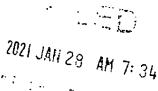
COVER LETTER

TO: Registration Division of C			
JOHANN SUBJECT:	NA DOMINICAN SALON LLC		•
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Walmer E Ramirez		
	.	Name of Person	
	Johanna Dominican Salon	LLC	
	 -	Firm/Company	 .
	7441 Wayne Avenue Apt 6	J	
		Address	
	Miami Beach, FL 33141		
	walmer26@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	n concerning this matter, please ca	all:	
Walmer E Ramirez		201 566-0530	
Name	e of Person	at ()	ne Telephone Number
Enclosed is a check for	r 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)
Mailing Add Registration	n Section	Street Address: Registration Se	
Division of P.O. Box 6	Corporations 327	Division of Co The Centre of 7	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JOHANNA DOMINICAN SALON LLC

(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 Florida document number L21000007684	and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	7403 Collins Avenue Suite #119					
(Principal office address MUST BE A STREET ADDRESS)	RESS) Miami Beach, FL 33141					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regi				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street add	ress				
		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 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 2021 JAH 28 AM 7: 34Type of Action Title <u>Name</u> <u>Address</u> 7441 Wayne Avenue Apt 6J: 7 Section of the Company **AMBR** Johanna Ubiera De Ramirez Miami Beach, FL 33141 □Remove _____ □Change _____ □Add □Remove □Add ____ □Change

☐ Change

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record spec l is filed.	ifies a delaye	d effective	date, but no	ot an effect	ive time, at	12:01 a.n	n. on the c	arlier of	(b) The	: 90th day at	ter the
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Filing Fee: \$25.00