LZI 0000 16304

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COVER LETTER

	gistration Sec vision of Corp			
arm energy	Lalique Tres	ses Luxury Hair Boutique		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Ashley Woods		
			Name of Person	
			Firm/Company	
		4418 Edgemoor Street		
			Address	
		Orlando, Florida 32811		
			City/State and Zip Code	
		Ashley.woods@laliquet	resses.com to be used for future annual report notificat.	ion)
For further i	nformation co	ncerning this matter, please ca		ion)
Ashley Wo			407 309-0156	lenhane Number
	Name of	Person	Area Code Daytime Te	lephone Number
Enclosed is	a check for the	e following amount:		MY 21
■ \$25.00	Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lalique Hair Care LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>1s.</u>)
The Articles of Organization for this Limited Liability Company were filed on January 05, 2021	and assigned
Florida document number L21000016304	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>()</u>
	2021
B. If amending the registered agent and/or registered office address on our records, enter	the name of the new register
agent and/or the new registered office address here:	7 7
	24
Name of New Registered Agent:	<u> </u>
New Registered Office Address: Enter Florida street addre	rss E
271	lorida
City 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	Charles Woods	4418 Edgemoor Street Orlando, Florida 32811	□Add
			🖹 Remove
			Change
AMBR	Angelica Woods	4418 Edgemoor Street Orlando, Florida 32811	□ Add
			=Remove
			Change
AMBR	Lapaige Stokes	3024 N. Powers Drive Apt 18 Orlando Florida 3281	8 ■ Add
			□Remove
		·	☐ □Change
		- 404 163 Y 24	Add
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			Change
			
			Remove
			□Change
			□ Add
			□Remove

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