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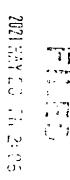
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Lan	VRENE DRE Name of Lim	am Blanky Someony	alon LCC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
		R. Baptiste. Name of Person		
	1280 NW 9	oth St M. mmi		
		Address		# · · ·
	Admin @ fax E-mail address: (	City/State and Zip Code  Notwork Cloud 1  to be used for future affinial repyrt noti	?m Co	, ) , , ,
For further information c	oncerning this matter, please e	all:		
Lawren Name o	e Baptiste	at ( <u>305</u> ) <u>53</u> ) Area Code Daytim	S 8 8 4 e Telephone Number	
Enclosed is a check for the	ne 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 enclose	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LGWREAR DREAM BROWN (Name of the Limited Liability Compa	Salon (LC convasit now appears on our records.)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100072906</u> .	were filed on $\frac{2}{11}\frac{11}{2221}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
LAWERNE DZEGM BRAU The new name must be distinguishable and contain the words "Limited Liabi	nty Salow I LCC
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:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	13812 NW 7th ave: "11
	13812 NW 7th ave: 11
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1280 NW 90th st MAMI, FC 33147
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Manda
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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
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			□Remove
			□Change
			□Add
			Remove
			☐ Remove ☐ Change
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n effective date is listed, the term of the date inserted	e date must be speci	ific and cannot be	prior to date of fi	ing or more than 90	) days after fili	ng.) Pursua	ant to 605.02 or be listed
cument's effective date							, , , , , , , , , , , , , , , , , , , ,
ecord specifies a delaye is filed.	d effective date, b	out not an effecti	ve time, at 12:0	II a.m. on the ear	ther of: (b)	The 90th	day after th
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ted $\frac{5}{2}$							

Filing Fee: \$25.00