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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Braids by Phiph LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Syna Guy Name of Person
Firm/Company
118-22 Str lake 2rh F1 33403
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (561) 951-3453  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Second Filing Fee & □ \$60.00 Filing Fee, Certified Copy (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

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· 10 Cards 54	Miphi IIC
( <u>Name of the Limited LiaBhity</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>421000 179160</u>	and the contract of the contra
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
Phenumenal Doll	Studio LLC
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1691 torum pl
(Principal office address MUST BE A STREET ADDRE.	Luest pulm beuch F1 3340]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	202
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	<b>22</b>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cny 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
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		***************************************	□Remove
			□Change
			□Add
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