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Mirror Image Royal Salon, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Juniore Rigaud Name of Person Mirror Image Royal Salon, LLC Firm/Company 5975 W Broward Blvd Suite #107 Address Sunrise, FL 33313 City/State and Zip Code juniore_rigaud@yahoo.com E-mail address: (to be used for future annual report notification) Daytime Telephone Number

For further information concerning this matter, please call:

Juniore Rigaud Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fee

TO:

Registration Section **Division of Corporations**

SUBJECT:

□ \$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 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

Mirror Image Royal Salon, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on April 21, 2021 and assig	;ned
lorida document number L21000184306		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
Mirror Image Royal, LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:	20 30 30	
Principal office address MUST BE A STREET ADDRESS)		7
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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:	ce address on our records, enter the name of the new	regis
Name of New Registered Agent:		_—
New Registered Office Address:		
	Enter Florida street address	
	, 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 a 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Dated	03	5-1 <u>7</u>			 					
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