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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
our more	KINKYHA	IRQUEEN87 LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		CHRISTELLE N ATUS J	EAN-CHARLES		
			Name of Person		
		LIMITED LIABILITY CO	DMPANY		
			Firm/Company		
		9812 LATE WAY			
			Address		
		GROVELAND FL, 34736			
			City/State and Zip Code		
		HEALTHIERHAIR87@YA			
_			to be used for future annual report noti	fication)	
For further in	nformation co	oncerning this matter, please co	all:		
CHRISTELLE ATUS JEAN-CHARLES		407 914-6769 at ()			
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	Filing Fee	☐ \$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)	
	iling Addres		Street Address:	ction	
Registration Section Division of Corporations			Registration Section Division of Corporations		
). Box 632	=	The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINKYHAIRQUEEN87 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	were filed on April 22, 2021	and assigned	
Florida document number L21000186813			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	nility company here:		
NEYLLAHAIRCARE N.H.C. LLC			
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:	9812 Late Way		
(Principal office address MUST BE A STREET ADDRESS)	Groveland FL, 34736		
			
Enter new mailing address, if applicable:	304 West Broad Street #877		
(Mailing address MAY BE A POST OFFICE BOX)	Groveland FL, 34736		
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office :	address on our records, enter the na	me of the new registe	
agent and/or the new registered office address here:		;	
Name of New Registered Agent:			
		<u> </u>	
New Registered Office Address:	Enter Florida street address	2) O	
	, Florida		
	City	Zip Code	

New Registered Agent's Signature, it 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

Title	Name	<u>Address</u>	Type of Action
N/A	N/A	N/A	□Add
			□ Remove
N/A	N/A	N/A	□ Add
			□ Remove
			Change
N/A	N/A	N/A	□Add
			□ Remove
			☐ Change
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		<u> </u>	Remove
			Change
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N/A 	N/A	N/A	□Add
			□Remove
			Chana

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