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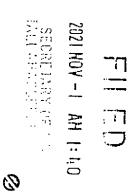
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| Special Instructions to Filing Officer: |
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| SUBTE7 | Luxe Hair I | Therapy LLC | | | | |
| SUBJEA | | Name of Limi | ited Liability Company | <u></u> | | |
| The enel | losed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | | |
| | | Filing Yolanda | | | | |
| | Division of Corpforations Eave Hair Therapy LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Filing Yolanda Name of Person ZenBusiness Inc Firm/Company 5511 Parkcrest Dr., Suite 103 Address Austin, TX 78731 City/State and Zip Code fulfillment@ zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Filing Yolanda Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Square Certificate of Square Certificate of Square Certified Copy caddonoral copy is enclosed) | | | | | |
| | | ZenBusiness Inc | | | | |
| | | | fee(s) are submitted for filing. Ing this matter to the following: Inc Firm/Company st Dr., Suite 103 Address 8731 City/State and Zip Code enbusiness.com mail address: (to be used for future annual report notification) utter, please call: 844 493-6249 at (44) Area Code Daytime Telephone Number unt: Ing Fee & S55.00 Filing Fee & S60.00 Filing Fee, e of Status Certified Copy (additional copy is enclosed) Certified Copy (certificate of Status) Certified Copy (additional copy is enclosed) | | | |
| | | 5511 Parkerest Dr., Suite 1 | 03 | | | |
| | | Address | | | | |
| | | Austin, TX 78731 | | | | |
| | | | City/State and Zip Code | . | | |
| | | | | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For furt | her information c | oncerning this matter, please ca | all: | | | |
| Filing Y | folanda | | | | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclosed | d is a check for th | ne following amount: | | | | |
| ■ \$25. | .00 Filing Fee | | Certified Copy | Certificate of Status & | | |

MAHLING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 HOY -1 AH 1: 40

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_SECRETARY OF OIL

| Luxe Hair Therapy LLC | TALL ARASSER : | | |
|---|---|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.21000253784 | were filed on 06/01/2021 and assigned | | |
| And assigned and assigned and document number 1.2100025.3784 and assigned document number 1.2100025.3784 amendment is submitted to amend the following: Tamending name, enter the new name of the limited liability company here: The wname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The principal offices address, if applicable: The principal office address MUST BE A STREET ADDRESS) The principal office address, if applicable: The principal office address of the principal office address on our records, enter the name of the new of the | | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "LLC." | | |
| Enter new principal offices address, if applicable: | 3343 Peachtree Rd NE | | |
| • • • | Ste 145-304 | | |
| | Atlanta, GA 30326 | | |
| Enter new mailing address, if applicable: | 3343 Peachtree Rd NE | | |
| | Stc 145-304 | | |
| | Atlanta, GA 30326 | | |
| registered agent and/or the new registered office address her | ·- | | |
| (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/01/202 Florida document number 1.21000253784 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 designatic center 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) Atlanta, GA 30326 B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | Plactic. | | |

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 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> | Name | Address | Type of Action |
|--------------|-----------------------|--|----------------|
| MGR | Deashia Marie Miller | | |
| | | | □ Remove |
| | | 3343 Peachtree Rd NE Ste 145-304, Atlanta, GA 30326 | Change |
| AMBR | Krystal Mercedes Naar | | Add |
| | | | ☐ Remove |
| | | 3343 Peachtree Rd NE Ste 145-304, Atlanta, GA 30326 | ■ Change |
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| ective date, if other than th | e date of filing: | | (optional) | |
| reflective date is listed, the date materials. If the date inserted in this | ust be specific and cannot be pr | ior to date of filing or more | (optional) than 90 days after filing.) Pursuant equirements, this date will not | to 605.02 |
| cument's effective date on the | Department of State's recon | ds. | equirements, this date will not | oe nsteu i |
| | | | | |
| record specifies a delaye he 90th day after the re | ed effective date, but r cord is filed. | not an effective tim | e, at 12:01 a.m. on the | earlier (|
| 199/25 ed | 2021 | | | |
| /s/ Krystal Merce | des Naar | | | |
| • | | | | |
| · | Signature of a member or au | thorized representative of | a member | |

Page 3 of 3

Filing Fee: \$25.00