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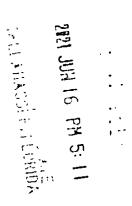
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Hair Fiend-Fix		
30000011	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Janay Felton	
		Name of Person	
	Hair !	Fiend-Fix	
		Firm/Company	*
		6421 N Florida Ste D PN	MB 1137
		Address	
	Tam	pa, fl 33604	
		City/State and Zip Code	
	E-mail address. (t	Hffmaskceo@gmail.c	ification)
For further information c	oncerning this matter, please ca	all:	
· · · · · · · · · · · · · · · · · · ·		at () Area Code Daytin	ne Telephone Number
Name o	f Person	Area Code Daytin	ie 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)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) any)	<u> </u>
The Articles of Organization for this Limited Liability Company were filed of Florida document number	on 6/8/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the ab	breviation "L.L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22
		. 5
Enter new mailing address, if applicable:	,	<u>P</u> '
Mailing address MAY BE A POST OFFICE BOX)	,	ئن ح
		<u>-</u>
		7
3. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here: Name of New Registered Agent:	our records, <u>enter the nam</u>	e of the new <u>reg</u> is
Name Danierand Office Addresse:		
New Registered Office Address: Ente	r Florida street address	
	. Florida	
	 	Zip Code

<u>New Registered Agent's Signature, it changing Registered Agent:</u>

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 autoo or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR.	Brianna Taylor	4514 N 34th Tampa, FI 33610	⊠ Add
			⊐Rетюve
			□Change
MQR	Charise Washington	4514 N 34th Tampa, Fl 33610	⊻ Add
			∃Remove
			□Change
			□Add
			ПRетюve
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n effective date i ote: If the date	f other than the ost listed, the date must inserted in this blo tive date on the De	be specific and c ck does not me	annot be prior to set the applicab	date of filing or	more than 90 ing requirer	(option) days after fit neats, this d	mg.) Pursu	int to 605,02 of be listed
ecord specifies is filed.	a delayed effective	date, but not a	n effective tim	e, at 12:01 a.m	. on the ear	lier of (b)	The 90th	day after tl
ted	June 10th		2021					
			800	Alto-		 		