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COVER LETTER

TO:

Registration Section

Division of Corporations BYSPRO HAIR CARE LLC SUBJECT: 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: EDUARDO A HOME Name of Person BYSPRO HAIR CARE LLC Firm/Company 1989 NE 163RD ST Address NORTH MIAMI BEACH FL 33162 City/State and Zip Code olartesociados@yahoo.com E-mail address: (to be used for future annual report notification) (i)For further information concerning this matter, please call: Eduardo Home Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee, 25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BYSPRO HAIR CARE LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	pears on our records.) iy)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L21000284319	June 18, 2021	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	y here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abbre	viation "L.L.C."
Enter 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)		
	· ·	<u>CD</u>
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	ir records, <u>enter the name (</u>	of the new register
agent una of the new registered office address note.	1	5
Name of New Registered Agent:		
Now Projectored Office Address:		
New Registered Office Address: Enter	Florida street address	
	. Florida	

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.

City

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>	<u>Address</u>	Type of Action
AMBR	Luz Marina Mendoza Prieto	1989 NE 163RD ST North Miami Beach FL 33162	Add
			□Remove
			□Change
AMBR	Jennyfer Home Mendoza	1989 NE 163RD ST North Miami Beach FL 33162	Add
			□Remove
			Change
		. 	□Add
			Remove
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Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date, spll not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of. (b) The 90th day after the ord is filed. Dated July 08 2021 AMB Signature of a member or authorized representative of a member				· -		
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