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(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor			•
eun ire		HAIR CARE LLC		
SUBJEC	I:	Name of Lin	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	SPRO HAIR CARE LLC Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: EDUARDO A HOME		
		EDUARDO A HOME		
			Name of Person	
		BYSPRO HAIR CARE L	LC	
			Firm/Company	
		1989 NE 163RD ST		
		·	Address	1
		NORTH MIAMI BEACH	FL 33162	
			City/State and Zip Code	
		- - -		
				otification)
For furthe	r information c	oncerning this matter, please c	all:	
Eduardo l	Home			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
%£\$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			
	P.O. Box 632	-	The Centre of	-
7	fallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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BYSPRO HAIR	CARE LLC	• •
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparellorida document number <u>L21000284319</u> .	ny were filed on June 18, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	bility company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	8725 Parkland Bay Drive	
Mailing address MAY BE A POST OFFICE BOX)	Parkland, FL 33076	
	e address on our records, <u>enter the </u>	name of the new regis
	e address on our records, <u>enter the</u>	name of the new regis
gent and/or the new registered office address here:		name of the new regis
	Enter Florida street address	

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

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<u>Title</u>	<u>Name</u>	Address	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
			Change
			□ Add
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e ctive effecti	date, if other than the da ve date is listed, the date must be	te of filing: specific and cam	not be prior to d:	ite of filing or me	ore than 90 days at	o tional) ter filing.) P	ursuant to 605.02
<u>te:</u> If t	he date inserted in this block	does not meet	the applicable	statutory filing	g requirements, t	his date wi	ll not be listed
ument	's effective date on the Depar	tment of State	s records.				
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cora s _i s filed.	secifies a delayed effective da	te, but not an c	meenve ume,	ai 12:01 a.m. C	on the eartier of:	(b) The s	om day after tr
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Filing Fee: \$25.00