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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Neu	Name of Lim	18 Hair Care inch Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Raquel	Faceu Name of Person	
		Firm/Company	
	6107 SW 3	5th Ct. APT. T	5
	Miramar / F R-FACEY I E-mail address: (City/State and Zip Code L@ LIVE . COM to be used for future annual report note	fication)
For further information co	oncerning this matter, please ca		
Roquel T	Person	at (<u>561</u>) <u>L109</u> - Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
5 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Beginnings (Name of the Limited Liability (A Northal	Hair Care Company as it now appears of	n our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2 1000378</u>	ompany were filed on O	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	28 28 21 31 31 31
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILE SEE FL
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	Zıp Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCD -	Manager	
MOK -	Hanager	
AATRD -	Authorized Member	
ANDIX -	· Authorned Mentelline	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
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