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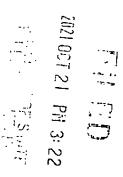
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COVER LETTER

Registration Section

TO:

Division of Cor	porations					
Hair By Ta	ttoo Miami LLC.					
Name of Limited 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:				
	Woodlene Chataigne					
	Name of Person					
		Firm/Company				
	410 S.E. 16th Ct. #622					
		Address				
	Ft.Landerdale, FL					
		City/State and Zip Code				
	hair.bytattoomiami@gmail.					
	E-mail address: (to be used for future annual report notifi	ication)			
For further information of	concerning this matter, please c	all:				
Woodlene Chataigne		954 254-3094 at ()				
Name o	Name of Person Area Code Daytime Telephone Number		Telephone Number			
Enclosed is a check for t	he following amount:					
☑ \$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 Addres		Street Address:				
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hair By Tattoo Miami LLC.		2021 OCT 21	_PH_3: 22
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our	records.)	
(ATTIONAL IMPRES	a islantity company)		OF STATE
The Articles of Organization for this Limited Liability Compan	y were filed on 10/15/21		OF STATE _ and assigned
lorida document number 1.21000451217			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
*			
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	n "LLC" or the abbro	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Trincipal office dualess Moor BE .151REET TIBORESSY		· · ·	
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office	address on our records,	enter the name o	of the new registe
	address on our records,	enter the name (of the new regist
3. If amending the registered agent and/or registered office	address on our records,	enter the name o	of the new regist
3. If amending the registered agent and/or registered office	address on our records,	enter the name o	of the new regist
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records,	enter the name o	of the new regist
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, Enter Florida street		of the new regist
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:			of the new regist

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Woodlene Chataigne	410 S.E. 16th Ct #622	■Add
		Ft.Lauderdale, FL 33316	□Remove
			□Change
MGR Khouri Robinson	Khouri Robinson	410 S.E. 16th Ct #622	□ Add
		Ft.Lauderdale, FL 33316	■Remove
			□Change
	<u> </u>		□ Add
			□Remove
			□Change
		_	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated __ Signature of a member or authorized representative of a member Woodlene Chataigne

Typed or printed name of signee