L22000147068

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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	. CLEAN HAIR DISTRIBUTE	NG LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIO L. INCON-FON:	SECA SR	
		Name of Person	
	CRYSTAL CLEAN HAIR	DISTRIBUTING LLC	
		Firm/Company	
	6790 NW 186 ST #417		
		Address	
	HIALEAH, FL 33015		
		City/State and Zip Code	
	accounting@amtaxserv.net E-mail address: (to be used for future annual report no	ntification)
For further information	concerning this matter, please c	·	······,
MARIO L. INCON-FO	NSECA SR	786 630-2895	
Name of Person		at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mont	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000147068</u> .	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N.A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		VISION VISION
Enter new mailing address, if applicable:	N/A	FILED LF CORPORA 5 PM 3:
(Mailing address MAY BE A POST OFFICE BOX)		1 ATE CATIONS 3: 03
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent: N/A		
Name of New Registered Agent: New Registered Office Address:		
Name of New Registered Agent.	Enter Florida street ad	dress
Name of New Registered Agent.		dress Florida Zin Code

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>	<u>Address</u>	Type of Action
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ument's effective date on the l	Department o	f State's record	is.				
ord specifies a delayed effecti filed.	ive date, but n	iot an effective	time, at 12:0	I a.m. on the ea	orlier of: (b) (The 90th o	lay after the
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