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## **COVER LETTER**

Division of Co			
SUBJECT:	BLAIRE LO	VES HAIR ted Liability Company	LLC.
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	BLAIR	RE HANSO	)N
	BLAIRE	Name of Person  LOVES HAR  Firm/Company	LLC.
	14019 West	COLONIAL D	RIVE
	HANSON	CTAYDEN ; F City/State and Zip Code ) BUA IRE CS IS o be used for future annual report noti	@GMAIL.COM
For further information	concerning this matter, please ca	H:	
BLAIRE Name	HANSON of Person	at ( <u>321</u> ) <u>594 –</u> Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 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

PLAIRE LOVES HAIR LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	lity Company were filed on UNE	24.22 and assigned
Florida document number L220002870	034_	
This amendment is submitted to amend the following		SSEC. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
A. If amending name, enter the new name of the	e limited liability company here:	1
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent:		enter the name of the new registered
New Registered Office Address:	Enter Florida street	address
_		Florida
_	City	Zip 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		PLACE ORUANDO, FL	□Remove
		32835	□Change
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ective date, if ot	her than the date of	filing:		(option	ıal)
n effective date is list <u>te:</u> If the date inse	ted, the date must be specif erted in this block does	fic and cannot be prio not meet the appli	cable statutory filing	ore than 90 days after fi	ling) Pursuant to 605,0207 late will not be listed as
ument's effective	date on the Departmen	it of State's records	3		
	elayed effective date, bu	ut not an effective t	:ime, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
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