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Registration Section

TO:

Division of Cor	porations		4
SUBJECT: DY	eall wn Name of Linu	Haur Treatmited Liability Company	nent LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jouselin	e VHelu sme Name of Person	ealment LLC
	Dreasu	Firm/Company	The s
	1909 N. A	John Boach	16 33 Later September 18 18 18 18 18 18 18 18 18 18 18 18 18
	Dreads Lion E-mail address:	City/State and Zip Code Office used for fature annual report notif	MASSON A
For further information c	oncerning this matter, please ca	all:	₩.
Jouse In	P The Lu. smc	at (154) 1/5- Area Colle Daytime	Telephone Number
Enclosed is a check for th	he following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	porations
P.O. Box 632 Tallahassee, 1		The Centre of To	allahassee Street, Suite 810
* #111111111111111111111111111111111111		# 1 (J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chieri, Chine Ci C

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Dreas Lion Hair Treatment LLC

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

(A Florida Limited Liability Company)

(Same of the Limited Liabi (A Flori	da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L 2100052</u> 43	Company were filed on <u>12/14/20</u> 926	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line of	eatment LLC	the abbreviation (54.C."
Enter new principal offices address, if applicable:		SER
(Principal office address MUST BE A STREET ADD	DRESS)	HA W
		<u> </u>
Enter new mailing address, if applicable:		STATE OF THE STATE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	daZip 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 Changing Registered Agent, Signature of New Registered Agent

and the second

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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Filing Fee: \$25.00