## L23000101327

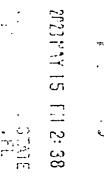
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## **COVER LETTER**

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration Solvision of Co.				
SUBJE	CT: <u>HAIR B</u> )	CHINA, LLC	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please :	return all correspo	ondence concerning this matter	to the following:		
		Corpor	rate Maintenance Lea	nd	
Processing Department					
	Finn/Company				
			1450 Vassar St		
			Address	<del></del>	
			Reno, NV 89502	, , , , , , , , , , , , , , , , , , , ,	
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report notific	cation) U1	
For furi		oncerning this matter, please c	क्षी:		
<del></del>		ing Department	at (800 ) 638-2320		
C1	Name o		Area Code Daytime	Telephone Number	
	is a check for the following amount:  25.00 Filing Fee \$\square\$ \$\text{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)	
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corporat		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAIR BY C	HINA, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	my as it now appears on our records.)  Ciability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000101327</u>	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1058 NE 215 Street	25.	
(Principal office address MUST BE A STREET ADDRESS)	Miami	- <u> </u>	
	FL, 33179		
		U)	
Enter new mailing address, if applicable:	1058 NE 215 Street		
(Mailing address MAY BE A POST OFFICE BOX)	Miami	2	
	FL, 33179	F 60	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		nter the name of the new	
	Title, Lift for 20 feet gara exc		
	, Floric	Ba	
Non-Books and Assess County of Standard Designation	•	Lip Code	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and !. Or, if this document is	
If Cha	nging Registered Agent, Signature of N	ew Registered Apent	

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

Title	<u>Name</u>	Address	Type of Action
MGR	Crystal Matthew	1058 NE 215 Street	□ Add
		Miami	Remove
		FL, 33179	Change
			☐ Remove
			☐ Change
	-		
			□ Remove
		**	☐ Change
		<del></del>	Add-
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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Note: If the date inserted	in this block does	s not meet the ap	plicable statutory f	or more than 90 days	optional) after filing.) Pursu t, this date will no	ent to 605.020 of be listed a
Note: If the date inserted document's effective date	in this block does on the Departme	s not meet the ap mt of State's reco	plicable statutory f ords.	or more than 90 days illing requirements	after filing.) Pursu s, this date will no	ot be listed a
Note: If the date inserted document's effective date he record specifies a The 90th day after	in this block does on the Department delayed effect the record is the	s not meet the ap mt of State's reco	plicable statutory f ords.	or more than 90 days illing requirements	after filing.) Pursu s, this date will no	ot be listed a
Note: If the date inserted document's effective date the record specifies a The 90th day after	in this block does on the Department delayed effect the record is the	s not meet the ap mt of State's reco	plicable statutory f ords.	or more than 90 days illing requirements	after filing.) Pursu s, this date will no	e earlier o
Note: If the date inserted document's effective date he record specifies a The 90th day after	delayed effect the record is	s not meet the apart of State's reco	plicable stanutory fords.  not an effective	or more than 90 days illing requirements to the state of	after filing.) Pursu s, this date will no	e earlier o
Note: If the date inserted document's effective date he record specifies a The 90th day after	delayed effect the record is	s not meet the apart of State's reco	plicable statutory f ords.	or more than 90 days illing requirements to the state of	after filing.) Pursu s, this date will no	e earlier o
he record specifies a	delayed effect the record is	s not meet the aport of State's reconstitute date, but filed.	plicable stanutory fords.  not an effective	re time, at 12:	after filing.) Pursu s, this date will no	e earlier o

Filing Fee: \$25.00

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