## L230000163711

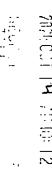
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## COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
NATURE	OF ORGANIC HAIR LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return aff correspo	ondence concerning this matter	to the following:		
	NOHORA MORENO		·	
	-	Name of Person		_
	CONSULTAN MORENC	DLLC		
	•	Firm/Company		2007-10-1-1
	2164 SW 83 TERR			
		Address	<del></del> -	_ ·
	DAVIE FL 33324			 . : 
		City/State and Zip Code		 
	consultanmoreno@gmail.c			٢٠
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please of	all:		
NOHORA MORENO		954 9525697		
Name o	f Person	at () Area Code Daytin	ne Telephone Numbe	<u></u> er
Enclosed is a check for the	ne following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration 9 Division of C P.O. Box 632	Section Torporations	Street Address: Registration Se Division of Co The Centre of	rporations	
Tallahassee, l			e Street, Suite 8	₹10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURE OF ORGANIC HAIR LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L230000163711.	ere filed on 04/03/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	t <u>y company here</u> :
OH BELLEZA Y MAS LLC	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 <u>2</u>
	7. 2.
-	
B. If amending the registered agent and/or registered office add	• —
agent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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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			□Remove
			□Change
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fective date, if other than the date of filing:  meffective date is listed, the date must be specific and cannot be prior to ote:  If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursua e statutory filing requirements, this date will no	nt to 605.020 t be listed a
ecord specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
ted OCTOBER 7 . 2024		
Signature of a member or authorize	terena	
Signature of a member or authoriz	cu representative of a member	

Filing Fee: \$25.00