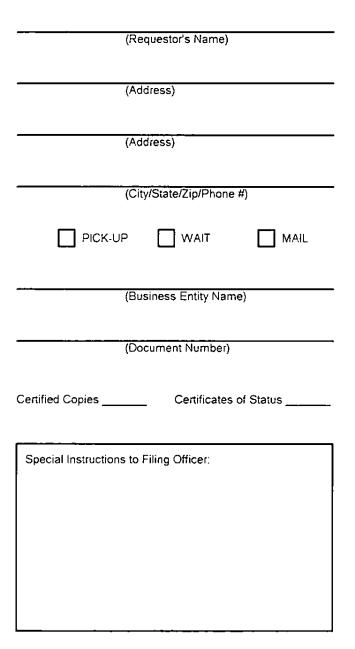
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: YETE HAIR BRAIDS. USA, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Ihouesse Marie Josiane Yete
YETE HAIRBRAIDS. USA, LLC Firm/Company
21E3 eagle Run Circle
Jacksonville, Florida 32212 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Though YETE at (904) 412 08 40  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

YETE	HAIR	BRALD	S. U.	SAL	LE	
	(Name of the				ars on our records.)	
		(A Florida	Limited Liabili	ity Company)		

The Articles of Organization for this Limited Liability Company	were filed on	and assigned			
Florida document number <u>1.8.3000 26 9603</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
YETE HAIR STUDIO The new name must be distinguishable and contain the words "Limited Liab	ilty Company "the designation "LLC"	or the abbreviation "L.L.C."			
	my company, me croig amon into				
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADDRESS)					
		7.07			
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		U			
Enter new mailing address, if applicable:		<del></del>			
(Mailing address MAY BE A POST OFFICE BOX)		· • · · · · · · · · · · · · · · · · · ·			
<del></del>		* **** 			
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		[2]			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	ne name of the new registered			
Name of New Registered Agent:		<del></del>			
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 Changing Registered Agent, Signature of New Registered Agent

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n effectiv	e date is listed,	the date must be ed in this block	specific and o	cannot be p			than 90 days	after filing.)		
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