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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048 : (954)793-0353

: (954)944-3163

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

EMA11 Address: CONTATO @ ANDREMUNIZ.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MICRO SCREEN HAIR EXTENSIONS LLC

Certificate of Status	0
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Page Count	05
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M. SOLOMON

JUL 4 4 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## MICRO SCREEN HAIR EXTENSIONS LLC

The Articles of Organization for this Limited Liability Company were filed on 07/17/2023 and saigned Florida document number L23000338320				
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited Hability company here:	,			
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: 520 S Federal Hwy Ste B-29	_			
(Principal office address MUST BE A STREET ADDRESS) Boca Raton, FL 33432	-			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:	- - ered			
Name of New Registered Agent: Andre De Faria Muniz	red Agent:  Andre De Faria Muniz  520 S. Endard Hung Sto P. 20			
Enter Fiorida street address				
Boca Raton, Florida 33432	_			
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.

Andre Muniz (Jul. 23, 2024 11:22 EDT)

If Changing Registered Agent, Signature of New Registered Agent

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
<u>MGRM</u>	ANDRE T A DE FARIA MUNIZ	520 S Federal Hwy Ste B-29	□ Add
		Boca Raton, FL 33432	□Remove
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E. Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block d document's effective date on the Department.	pecific and cannot be prior to date o loes not theset the applicable stat	f filing or more than 90 days afte utory filing requirements, th		
If the record specifies a delayed effective date ecord is filed.	e, but not an effective time, at 1	2:01 a.m. on the earlier of: (	b) The 90th day aft	er the
Dated Jul 23, 2024	Jul 23, 2024			
Andre	Muniz			
Andre Mugiz (	antie of a niember of authorized rep	presentative of a member	·	

Typed or printed name of signee