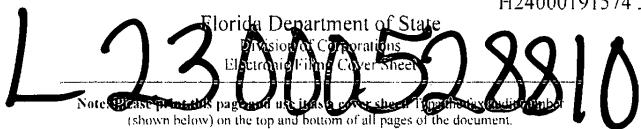
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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone Fax Number : (512)597-0678 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 💯 Email Address:_ 원동님 물론LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONYX HAIR STUDIO LLC

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

H240001915743

ONYX Huir Studio LLC		
(Same of the Limited Liability Comp. (A Florida Limited)	any as it now appears on our records.) Dobility Company)	
The Articles of Organization for this Limited Liability Company were filed on 1/8/2024 and as Florida document number L23000528810		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al	object faction "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20 22
Enter new mailing address, if applicable:	6574 University Parkway Suite 120	ANSWERS IS AND THE AND
(Mailing address MAY BE A POST OFFICE BOX)	Bradenton, FL 34202	
B. If amending the registered agent and/or registered office	address on our records, enter the nam	to of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Emer Floridastreet oddress	
	, 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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Page: 3 of 4

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From: ZenBusiness User

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
	411.41-41-41-41-41-41-41-41-41-41-41-41-41-4		□Add
			□Remove
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		2: 40 10977
 Note: If the date inserted in th 	the date of filing: must be specific and cannot be prior to date of filing or more than M is block does not meet the applicable statutory filing requires the Department of State's records.	ments, this date will not be listed as the
If the record specifies a delayed effi- record is filed	potive date, but not an effective time, at 12:01 a.m. on the gas	rlier of: (b) The 90th day after the
Dated	2024	
	coantonio Pacheco Figueroa	
	Signature of a member or authorized representative of a mem	ber
Marcoantonio Pach		
****	Typed or printed name of signee	A. B. B. A. 1, A.