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SECRETARY OF STATE ANASSEE, FL

Name Change

APR 0 7 2021

D CUSHING

COVER LETTER

TO: Registration Se Division of Cor			-	
SUBJECT: Eve	ry Strand	LLC		,
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Inscrid	Cross		
		Name of Person	<u> </u>	
		Firm/Company		~
	7341	Alhambra B	Slud	DZI NA ECRE
		Address		
	Minamar	City/State and Zin Code	<u> </u>	921 MAR 12 PM 3: 00 SECRETARY OF STATE TALL ATTASSEE. FL
	everystan B-mail address:	City/State and Zip Code d of hair & cout (to be used for future annual report noti	look. com	STATE E. FL
For further information co	oncerning this matter, please c	all:		
Ingrid C	russ	at (754) 234- Area Code Daytim	-4.263	
Name or	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
	· -		□ . • • • • • • • • • • • • • • • • • • •	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Status &

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

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

Inom Strand	See F
(Name of the Limited Liability Compar	ay as it now appears on our records.)
(A Florida Limited L	ay as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L150007013</u> 2	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Every Strand of Hair.	166
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1031 Ives Dairy Road
Principal office address MUST BE A STREET ADDRESS)	Suite 228-10280
	1911ated 17 2 33111
Enter new mailing address, if applicable:	1031 Ives Darry Road
Mailing address MAY BE A POST OFFICE BOX	Sute 228-1028
	Miami, TL SSI 19
3. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
gent and/or the new registered office address here:	
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agreen or oversions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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 Name <u>Address</u> **Type of Action** Title ____ □Add _____ □Remove _____ Change _____ □ Remove □ Change ______ □Add □Remove _____ Change □Remove _____ □Change _____ □ Remove _____ Change ____ □Add _____ □Remove

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	07 (3) as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

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Filing Fee: \$25.00