## L21000216739

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Liz Wilson Hair, 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:
Elitaboth V. Wilson Name of Person
LIZ Wilson Hair, LLC Firm/Company
325 Codar Preserve LN Address
St. Augustine FL 32095 City/State and Zip Code
elizabothwison09 & Yahao .com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Wilson at (508) 451-7819  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

	ORGANIZATION OF	FILE
	? ?	DOZS JIII ED
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	FILED PAIS: 14
The Articles of Organization for this Limited Liability Company	were filed on 5/10/2021	and assigned
Florida document number <u>L21000216739</u>	1 /	·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Citizen Mane, LLC The new name must be distinguishable and contain the words "Limited Liabi	ility Company " the decignation "I I C" or the	abbreviation "L.L.C."
	mry company. The designation 1702 of the	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Trincipal office dataless most be A STREET ADDRESS)		
	<del></del> -	
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 na	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florida	Zıp 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

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
			□Add
			□Change
			□Remove
			□Change
		<u>.                                    </u>	
		<del> </del>	
<del></del>			□Add
			□Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the date of filing: 23,205 (optional) (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 605,0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.
Dated July 25, 2025.  Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Elpabeth V. WISON Typed or printed name of signee

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ED: E 635.00