KX2000303985

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	•
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Division of C			
HRS3 LE	.c		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARIA T GROBMAN		
		Name of Person	<u> </u>
	<u>_</u>	Firm/Company	
	7847 GREAT OAK DRIV	'E	
		Address	
	LAKE WORTH FLORID.	A 33467	
		City/State and Zip Code	
	Mariagrobman@yahoo.com	to be used for future annual report notificat	
For further information	concerning this matter, please c	•	.ion)
MARIA GROBMAN		561 853-6034 at ()	
Name	of Person		elephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration Section	on

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HRS3 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 07/07/2022	and assigned
Florida document number L22000303985		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ITS MY HAIR SOLUTION LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7847 GREAT OAK DRIVE	
Principal office address MUST BE A STREET ADDRESS)	LAKE WORTH	
	FLORIDA 33467	2022 SEC
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		₩ 5
		EF S
		8
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	
gent and/of the new registered office audress here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Fto	rida
	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

TITLE: MGR	R
MAF	RIA T GROBMAN
ARTICLE V. The efffective	date for this Limited Liability Company shall be:
07/07/202	22
Signature of m	nember or an authorized representative
Electronic Sign	gnature: An
	
	<u> </u>
ective date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the D	e date of filing:
cord specifies a delayed effectiv s filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
November 30,	

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
<u>40</u>	Peter Grobman	7847 Grot Oak D	DbA(£
		7847 Great Oak D Loke Libration it L 334	☐ □Remove
			□Change
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