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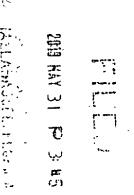
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Co	rporations		
A WILD H	IAIR, L.L.C.		
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DESIREE BAGGETT		
		Name of Person	
	A WILD HAIR, LLC		
	Name of Person A WILD HAIR, LLC Firm/Company 2888 JEFFERSON STREET Address MARIANNA, FLORIDA 32446 City/State and Zip Code awildhair@yahoo.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:		
	2888 JEFFERSON STREE	ET	
		Address	
	MARIANNA, FLORIDA	32446	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please co	all:	
DESIREE BAGGETT			
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee			
	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE

A WILD HAIR, L.L.C.	Enth www.
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records 144 31 33 45 mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 5/26/2006 in LATING and assigned
Florida document number L06000056468	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability 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:	N/A
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
thumg maness mar be a rost of the boxy	
	ed office address on our records, enter the name of the ne
registered agent and/or the new registered office address	s here:
Name of New Registered Agent:	
<u> </u>	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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
AMBR	ADAM BAGGETT	2888 JEFFERSON STREET MARIANNA, FL 32446	
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
		******	Change
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an effective da Note: If the da	e, if other than the date te is listed, the date must be sp ate inserted in this block d fective date on the Departi	occific and cannot be process not meet the app	rior to date of filing or olicable statutory fil	more than 90 days after fing requirements, this	ling.) Pursuant to 605.0207
e record sp The 90th o	ecifies a delayed effe day after the record i	ective date, but s filed.	not an effective	e time, at 12:01 a.	m. on the earlier of
)ated	MAY 14	2019			
	7>.				
	,				
	Signa	ture of a member or a	uthorized representati	ve of a member	

Page 3 of 3

Filing Fee: \$25.00