13000077487

(Re	questor's Name)	
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(D.	alle and Carlotte No.	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· -
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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AUG 3 2022 S. PRATHER

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: HAIR XPress 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:
Manuel Rey Name of Person
HAIR X Press LLC
408 SW ASTER RD
PORT Saint Lucie FL 34953 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Manuel Rey at (772) 812 0725 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	F 岩田
HAIR XPress LL	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{-13000077487}$	were filed on 5-29.13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Maria Rey Beauty Co The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	encultant LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	408 SW ASTER RD PORT Saint Lucie, FL 3495
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

408 SW ASTER RD

Enter Florida street address

PORT ST. LUCIE Florida 3495 3

City Zip Code

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
			□Remove
			Change
			□Remove
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			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if no	cessary.)
I will not be operating a beau	ty
Salon OR Retail. I will be a	<i>f</i>
	,
consultant with no retail.product	
I will be educating and consult	ting on
hair, skin and nails.	
	.,
	·
Effective date, if other than the date of filing: 5.11.22 (opto- (it an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afto- Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	<u> </u>
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (ord is filed.	(b) The 90th day after the
Dated 5-11-2022	2022 TALL
	2022 MAY
Signature of a member or authorized representative of a member	Y 27
Man al Dans	27 PH
Manue/Rey Typed or printed name of signee	08 2: 5: 4
	19 810/

Filing Fee: \$25.00