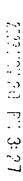


(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Hume)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





11/20/23--01019--010 ++25.00





COVER LETTER

TO: Registration Se Division of Cor						
My Dream SUBJECT:	Salon L.L.C.					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
	ondence concerning this matter	_				
	Natalie Kavula					
		Name of Person				
	My Dream Salon L.L.C.					
	Firm/Company					
	812 S Ft Harrison					
		Address				
	Clearwater, FL 33756					
		City/State and Zip Code				
	natalie@tfnn.com	o be used for future annual report notification	etion)			
For further information c	oncerning this matter, please or					
Natalie Kavula		727 709-2697				
Name o	f Person		elephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed			
Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	ion			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

My Dream Salon L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/6/2014 and assigned Florida document number L14000073399 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 name of the new registered agent and/or the new registered office address here: Bridget Clair Name of New Registered Agent: 812 S Fort Harrison New Registered Office Address: Enter Florida street address Clearwater City

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
MGR	Edmund T. O'Brien	300 4th Ave S	□Add
		Suite 500	≣ Remove
		St. Petersburg, FL 33701	
MGR	Bridget Clair	812 S Fort Harrison	
		Clearwater, FL 33756	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Changa

•			
Affective date, if other than the	e date of filing:	o dute of tiling or more than 90 de	(optional) sys after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this b	lock does not meet the applica	ble statutory filing requirement	nts, this date will not be listed as t
locument's effective date on the f	repartment of State's records.		
record specifies a delayed effecti-	ve date, but not an effective tin	ne, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
d is filed.			,, ,
	2023		
October 12th	2023		
Oated October 12th	<u></u>	– ·	

Typed or printed name of signee