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۱)	Requestor's Name)
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☐ PICK-LIP	WAIT MAIL
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TEASED HAIR SaloN Name of Limited Liability Company
The enclosed Articles of Amendment and feets) are submitted for filing Please return all correspondence concerning this matter to the following:
Danielle Morey
Teased Hair Salow Firm Company
TCC Blanding Blvd Sute 9
Crange park, FL, 32065 City State and 7 ip Code DMOREY 143 (2, ac. 1 Com F-mail address (to be used for future annual report notification)
For further information concerning this matter, please eall:
Daytine Morey at (904, 592-7275) Name of Person Area Code Daytine Telephone Number
Finchosed is a check for the following amount: S25.00 Filing Fee & Z S55.00 Filing Fee & Z 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

TEASED HAIR Salun LLC.
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 July 2014 and assigned Florida document number 14000107948
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 "I imited I iability Company," the designation "FLC" or the abbreviation "L.L.C."
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, <u>enter the name of the new registered</u> <u>igent and/or the new registered office address here</u> :
The first regiment and ress here.
Name of New Registered Agent:
New Registered Office Address:
hoter Florida street address
Florida
City Zin Ciah

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 turther 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 ainending 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>	Name	Address	Type of Action
AMBR	Shirley anna		
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ective date, if other than th	he date of filing:
er If the date is fisted, the date me: If the date inserted in this.	hust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 block does not meet the applying loss than 20 days after filing.
amont's effective date on the	Department of State's records.
ord specifies a delayed effect	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	The foliated and
a 11/19/2023	2

Filing Fee: \$25.00