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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Hair by Name Milimi	H020 Y ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- Hazc	Name of Person	 .
	Hai	y by Hazar	
	_1039 Oliv	ve to Verdi Cl	
	Brande	City/State and Zip Code	<u>-</u>
	Hozur 18 E-mall address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Hazar &	f Person	at (813)	-6381 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comba (A Florida Limited L	ny as it now appears on our record	<u>(s.)</u>
The Articles of Organization for this Limited Liability Company Florida document number 11400183596	~	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab 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)	1 ("or the abbreviation "L.L.C." SUS HWY 30 16 H 33519 33578
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1039 Oliv Brandou	eto Verdicl HI 3351/
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	555
		orida
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
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Note:	re date, if other than the date ctive date is listed, the date must be sp f the date inserted in this block dont's effective date on the Department.	oes not meet the app	plicable statutory fil	(optic more than 90 days after ing requirements, this	onal) filing.) Pursuant to 605.020 date will not be listed a
If the red (b) The	ord specifies a delayed effe 90th day after the record i	ective date, but s filed.	not an effective	e time, at 12:01 a	i.m. on the earlier o
Dated	9-24-20	18	·		
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Page 3 of 3

Filing Fee: \$25.00