LI5000103819				
(Requestor's Name) (Address) (Address)	200385985932			
(City/State/Zip/Phone #)	04/22/2201013001 **30.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2022 APR 22 FH 2: 26			
Office Use Only	Nome Chang			

JUN 2 0 2022

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COVER LETTER

TO: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

brity Stat S Hair Studio Limited Licolity SUBJECT: ompany

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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OF		
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Cerepcting Status Hair Studio (Jame of the Limited Liability Company (A Florida Limited Lia	<u>Limited Liability</u> Cor <u>y as it now appears on our records.</u>) ability Company)	Apanal .
The Articles of Organization for this Limited Liability Company w	vere filed on 010/15/2015	جے _ and assigned
Florida document number <u>L15000103819</u>		ີ <u>ເ</u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Celebrity Status Hoir Studio Limite The new name must be distinguishable and contain the words "Limited Liabilit	CLICDINHY Company." the designation "LLC" on the abbre	Viation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(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 ad agent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	of the new registere
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being adde <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			□Change
			□Add
			🗆 Remove
			□ Change
			🗆 Add
			🗆 Remove
		. <u> </u>	Change
			🖸 Add
			🗇 Remove
			🖸 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	4/20/22	
	K Z-hnsch	
	Signature of a member or authorized representative of a member	
	Kendall Johnson	

Typed or printed name of signee