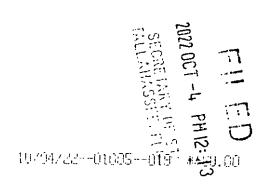
LI600111390

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Duanage Fatty Mayer)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
· · · · · · · · · · · · · · · · · · ·	 -
Special Instructions to	Filing Officer:
	J. HORNE
	OCT - 4 2022
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Office Use Only



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2022 OCT -- 4 AH II: 59

COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

Division of Corp	orations		
SUBJECT: HE	LENS MILI		ng 3 SIYLE, U
	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Varanessa	Name of Person	
		Firm/Company	
	100 N	- All C	
	32 d Ch	aseville St	
		Address	
	tensacol	A + L. $3d50 +$	
		City/State and Zip Code	
		15 Community and Market	
		to be used for future annual report notification)	
For further information c	oncerning this matter, please co	dl:	
		at ()	
Name o	f Person	at () Area Code Daytime Telephone Number	_
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & y
Mailing Addre		Street Address: Registration Section	
Registration Division of C		Division of Corporations	
P.O. Box 631	27	The Centre of Tallahassee	
Tallahassee	FT 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Helens Milit	ary Cuts Barberi ed Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ng and Style, LL
The Articles of Organization for this Limited Li Florida document number <u>L. 16001</u>	ability Company were filed on	20,2016 and assigned
This amendment is submitted to amend the follows. A. If amending name, enter the new name of	-	7022 OCT -4 SECRETAR TALLAHASS
The new name must be distinguishable and contain the will be the contain the c	able:	LLC" or the abbreviation "L.L.C"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or r agent and/or the new registered office addres	ss here:	
Name of New Registered Agent: New Registered Office Address:	Varanessa L. Brow 322 Chaseu: UE St Enter Florida street ad PENSACUA	

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 **Type of Action** Address Title Name 2112 BSChwab Cart DAdd
DansarolaFL 32504 Bremove HEIEN REgister □ Change AMBR Varanessu Brown 322 Chaseville St Change ☐ Change ☐ Change Remove _____ □Change □Remove

_____ □Change

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ote: If the date in	other than the date of isted, the date must be special serted in this block does be date on the Department	not meet the applicable	late of filing or more than 90 c statutory filing requiren	(optional) days after filing.) Pursuant to nents, this date will not be	605.0207 listed as
ecord specifies a o	delayed effective date, b	ut not an effective time	, at 12:01 a.m. on the ear	lier of: (b) The 90th day	after the
ited OCT,	4	_ 2022			
$\sum I_{\ell}$	S AZZANONK	dution to	7 M21		
	Signature	e of a member or authoriz	ed representative of a memb	oer	_

Filing Fee: \$25.00