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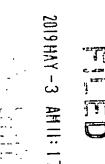
(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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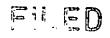
COVER LETTER

	egistration Secivision of Cor					
SUBJECT	KekeVanB Fairy Hair, LLC					
.,	·	Name of Limited Liability Company				
		Amendment and fee(s) are sub- indence concerning this matter	-			
riease reiui	т ан сонсуро	Stephanie Van Den Elzen	to the tonowing.			
			Name of Person	<u> </u>		
		Keke VanB Original Fairy	Hair, LLC			
		· ·	Firm/Company			
2632 Woods Edge Circle						
		-	Address			
		Orlando, FL 32817				
		swise@owenwisecpa.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For further	information co	oncerning this matter, please co	utl:			
Steven Wi			at () 383-9075 Area Code Daytime			
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional 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



2019 MAY -3 AM 11: 17

KekeVanB Fairy Hair, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	. OBŠEE, PĖ
he Articles of Organization for this Limited Liabili	ty Company were filed on January 13, 2017	and assigned
lorida document number 1.17000010908		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
KekeVanB Original Fairy Hair, LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable		
Principal office address M <u>UST BE A STREE</u> T AI	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r		er the name of the
registered agent and/or the new registered office	address nere:	
None of Calman Daylor and Assessed		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	umer ruorua sireet autress	
	Florida	Zip Code
	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, enter the title, name, and address of each person-being added or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address **Type of Action** __ 🗆 Add __□ Remove _____ Change _□ Change □ Add □ Remove _____ Change □ Add ☐ Remove __

Change _□ Add _____ Change _□ Add

☐ Remove

_ Change

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ite:	ive date, if other than the date of filing: (100 1 30 2019) (optional) ective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ned(april 30, 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00