L17000059252

(Red	questor's Name)	
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(City	//State/Zip/Phone #)	
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Special Instructions to F	Filing Officer:	
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	NOV 1 2 2021	
<u> </u>		

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11/02/21--01018--002 **80.00

COVER LETTER

Quburare	ueen Creati	ons LLC			
SUBJECT:		Name of Limi	ted Liability Company	-	
The enclosed A	Division of Corporations Queen Creations LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Simone' Durant Name of Person The Hair Dive LLC Firm/Company 2822 54th ave south #213 Address Petersburg, Florida 33712 City/Nate and Zip Code discoveryou@thehairdive.com E-mual address: (to be used for future annual report notification) Fourther information concerning this matter, please call: nome' Durant Name of Person Area Code 3255.00 Filing Fee Certificate of Status Certificate of Status & Certificat Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee				
Please return all	correspon	dence concerning this matter	to the following:		
		Simone' Durant			
			Name of Person		
		The Hair Dive LLC			
			Firm/Company		
		2822 54th ave south #213		Address Ty/State and Zip Code used for future annual report notification) Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations	
			Address		
		Petersburg, Florida 33712			
			City/State and Zip Coo	de	
		· •			
		E-mail address: (t	to be used for future annu	ual report notification)	
For further info	rmation cor	ncerning this matter, please ca	all:		
Simone' Durant	İ				
	Name of I	Person	Area Code	Daytime Telepho	one Number
Enclosed is a ch	neck for the	following amount:			
□ \$25.00 Filir	ng Fee		Certified Copy		Certificate of Status & Certified Copy
		_	•		
			·		
Tallal	hassee, Fl	. 32314	2415	N. Monroe Street	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2021 NOV -2 PH 10: 50

Queen Creations LLC

SECRETARY OF STATE

(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 March 14, 2017 and assigned
Florida document number L17000059252.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The Hair Dive LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4834 18th ave south
(Principal office address MUST BE A STREET ADDRESS)	Saint Petersburg, Fl 33711
Enter new mailing address, if applicable:	2822 54th ave south #213
(Mailing address MAY BE A POST OFFICE BOX)	Saint Petersburg, Fl 33712
agent and/or the new registered office address here: Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging 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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

tive date, if other than the date of filing:						
flective date is listed, 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 nent's effective date on the Department of State's records. ord 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						
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Toctober 4 2021]		ed effective date, but not	an effective time, at 13	2:01 a.m. on the earli	er of: (b) The 90th day	after the
· 	Tocto	ber4	2021]			
Signature of a member or authorized representative of a member		Signature of a r	e Dur nember or authorized rer	resentative of a member	r	_
Simone' Durant		Ť				

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Filing Fee: \$25.00