L17000067/60

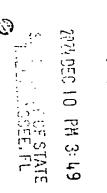
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Division of C	Section Corporations		
MIMOS SUBJECT:	A'S HAIR STUDIO LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	TYLER TEBAULT		
		Name of Person	
	CLUKEY & TEBAULT I	LLC	
		Firm/Company	# 10 C 10 PM
	201 OWENS AVENEU, U	JNIT A	
		Address	agginec 10 PM
	SAINT AUGUSTINE, FL	. 32080	
	VROBERTS@CLUKEYA	City/State and Zip Code NDTEBAULT.COM	
		to be used for future annual report notification)	
For further informatio	n concerning this matter, please c	rall:	
TYLER TEBAULT		904 6793119 at ()	
Nam	e of Person	Area Code Daytime Telephone Number	
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	r. 😅	<u>}</u>
P.O. Box 6	n Section Corporations	Street Address: Registration Section	; [

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number L17000067160	mpany were filed on 03/24/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
The registered of the radioss.	Enter Florida street address , Florida City Agent:
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with templete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
company has been houned in writing of this change.	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KING. AIMEE	1578 US HIGHWAY 1 S	
		SAINT AUGUSTINE, FL 32084	□Remove
			■Change
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			STATE
			□Remove

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fective date, if other than the date on effective date is listed, the date must be species. If the date inserted in this block document's effective date on the Department.	cific and cannot be prior t es not meet the applica	o date of filing or mo	(option re than 90 days after fi requirements, this c	ling.) Pursuant to	o 605.020' : listed as
ecord specifies a delayed effective date, is filed.	but not an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day	after the
ted November 26	. 2024	<u>-</u> ·	<i>(</i>		FC -0
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		•		[7]	
Signatu	tre of a member or author	•	f a member	m m s T	PH, 3: 49

Filing Fee: \$25.00