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SECRETATO OF STATE
TALLAHASSTE, FL

2022 JUN - 1 AM 10: 35

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ASIC	an Hair Extension	13 And Deauty Supplited Liability Company	LLC.
The enclosed Articles of A	Amendment and fee(s) are subj	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Chades An	derson	
	Ab.	Name of Person of Extensions and Beautiful Firm/Company	1 Supt 1/ LC
	1425 Aggie Way	Address	
	Pensacola, FL 3	LSd4 City/State and Zip Code	
	charles andersons		notification)
For further information co	ncerning this matter, please ca	·	
Charles Ander	(Sen	at (\$50) 375- Area Code Day	07168
Name of	Person	Area Code Day	time Telephone Number
Enclosed is a check for the	following amount:	AA ₂	¥
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

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

FILED

Mian Hair Extensions and Brauty Su	pply; LLC		2022 JUN - I	AM 10: 36
(Name of the Limited Liability Compan (A Florida Limited Li	iy'as' if now appears of lability Company)	n our records.)	SEUNE FARY	. t S 7.7H
The Articles of Organization for this Limited Liability Company of Florida document number LIT 000 19579	were filed on Apri	128,2022	TALL AHAS	SSEF, FL signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:	:		
Ocean Island Hair, LLC				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the desig	nation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(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 ac agent and/or the new registered office address here:	ddress on our reco	rds, <u>enter the</u>	name of the nev	v registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida :	street address		
		, Florid		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	verformance of my rovided for in Chap	duties, and I pter 605, F.S.	am familiar wit. Or, if this docu	h and ment is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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			□Change
			
			□Remove
			□ Add
			□Remove
			□A₫d
			□Remove
			Петоче
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. Effect	ive date. if other than the date of filing: (optional)		
(If an ef: Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date was a second or many contents.	Pursuant to 60: zill not be list	5.0207 (3)(b ted as the
docum	ent's effective date on the Department of State's records.		
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	00d- d 0	
cord is fi	led.	90m day and	r the
Dated	Charles A. Anderson Charles A. Anderson Typed or printed name of signee		
	Charles A. Anderson		
	Signature of a member or authorized representative of a member		
	to galacter of a monace of administrative of a memory		