# L11000 182464

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/19/2022	-			⇔WA	LK IN**
ENTITY NAME Paperdo	olls Hair Gallery LLC		.,	<del> </del>	
DOCUMENT NUMBER_					
	**PLEASE FILE THE ATTA	CHED AND RETURN	y**		
XXXXX	Plain Copy Certified Copy Certificate of Status				
**	PLEASE OBTAIN THE FOLLOWIN	NG FOR THE ABOVE	ENTITY**	2022 AUG 22 PH	
	Certified Copy of Arts & Amen Certificate of Good Standing	dments	######################################	H 2: 00	J
	**APOSTILLE' / NOTARI	AL CERTIFICATIO	W**		
COUNTRY OF DESTINAT NUMBER OF CERTIFICA				<u> </u>	
TOTAL OWED \$25			120160000072 8 <i>W</i>		
Please call Tina at t	he above number for any iss			mach!	

#### **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
	Hair Gallery LLC			
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing		
		_		
Please return all correspo	ondence concerning this matter	to the following:		
	Harry V Anderson			
		Name of Person		
	Paperdolls Gallery LLC			
		Firm/Company		
	4406 West			
		Address		2022
	Oakland Park 33309			2022 AUG 22
		City/State and Zip Code		22 
	AndersonHA562gmail.com			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		2: 00
Наггу V. Anderson		561 3509261		–
Name o	f Person		Telephone Number	<del></del>
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
Mailing Addres		Street Address:	•	
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632	•	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paperdolls Hair Gallery LLC		
(Name of the Limited Liab) (A Florida	lity Company as it now appears on our records. da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 08/25/2017	and assigned
Florida document number L17000182464		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Paperdolls Gallery LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		22 A
Principal office address MUST BE A STREET ADD	DECC)	5 5
THE PART OFFICE GRADESS WOST BE A STREET ADD	<u> </u>	
		- <del> </del>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	•	0
. If amending the registered agent and/or registere	d office address on our records, enter th	e name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flori	da
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
manager	Harry V, Anderson	8176 Scenic Turn Boca Raton Fla. 33433	<b>=</b> Add
			□Remove
			□Change
manager	Jacqueline D. Williams	3051 N.W 23rd st Fort. Lauderdale Fla 33311	□Add
			■Remove
			□Change ∴ 220
		ַ 	Remove
			C Nange
			□ Add
			□Remove
			🗀 Change
	·		□ Add
			□Remove
			□ Remove

Changes to the ownership to	Harry V. Harris as well as the con	npany name to Paperdolls G	allery LLC	
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				<del></del>
Affective date, if other than the	date of filing:		ptional)	
an effective date is listed, the date mu	st be specific and cannot be prior to dat lock does not meet the applicable s	e of filing or more than 90 days	after filing.) Pursua	nt to 605.0207 ( at he listed as t
<b>Note:</b> If the date inserted in this of locument's effective date on the D	hepartment of State's records.	statutory trinig requirements	, ting date with the	n or nated as t
record specifies a delayed effection of the filed.	ve date, but not an effective time, a	t 12:01 a.m. on the earlier o	f: (b) The 90th	day after the
Pated August 19	2022			
		N/		
_ <del></del>	/HARRY V. ANDERSO Signature of a member or authorized	representative of a member		

Filing Fee: \$25.00