L18000010536

(Requ	restor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone #)	
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(Busin	ness Entity Name)	
(Docu	ment Number)	
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A. PARISHANI SEP 16 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUMMET VISCHING 1 DOMAIN	
SUBJECT:	~_
<u>-</u>	2023
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The enclosed Articles of Amendment and fee(s) are submitted for filing.	2-2
Please return all correspondence concerning this matter to the following:	AH
Ladeshia Muise Name of Person	8: 54
Virtures Warren Firm/Company	
1982 SE Mandrate Cr	
Port St. Lucie FL 34952 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ladeshia Moise ar 574, 226-9680	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status	tus &
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compa	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800061653</u> 6	were filed on 1 18 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Virsin Hair LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5885 Lakehurst De 1803 Orlando, FL 32819
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address

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.

City

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
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			□Remove
			□Change
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	ific and cannot be prior to date of filing or more than 90 da ${f s}$ not meet the applicable statutory filing requiremen	ays after filing.) Purs	
cord specifies a delayed effective date.	out not an effective time, at 12:01 a.m. on the earlies	r of: (b) The 90)	th day after the
s filed.			
ted May 31	2023.		

Filing Fee: \$25.00

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