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SUBJECT:	Cur	1spiration		io 11C
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The enclosed Ar	rticles of A	mendment and fee(s) are sub	mitted for filing.	
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		40	Firm/Company See of Limited Liability Company See and the following: See and the following: See and See an	
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			rimi/Company	
Division of Corporations SUBJECT: CUY Spiration Hair Studies of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Share of Person Share Share				
		COCONUT (City/State and Zip Code	33073 cil Cam
		E-mail address: (1	to be used for future annual report notifie	Cation)
For further infor	mation cor	neerning this matter, please ea	all:	
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	Name of f	erson	Area Code Daytime	retepnone Number
Enclosed is a ch	eck for the	following amount:		
₩ \$25.00 Filin	ig Fee		Certified Copy	Certificate of Status & Certified Copy
			Street Address:	
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	iassee, FL	. 32314	2415 N. Monroe	

· Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	1	, ,	2023	JUL 25	PM ID: no
<u> </u>	(atrio	n pair			. 1115. 58
(<u>Name of the Limited Liat</u> (A Flor	rida Limited Lia	bility Company)	/ L	AHASSEE.	FLORIDA
The Articles of Organization for this Limited Liability		ere filed on	3/13/2018	and as	signed
Florida document number <u>L 80000 6614</u>	2				
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	mited liabili	ty company her	<u>e</u> :	C	
The new name must be distinguishable and contain the words "L	imited Liability	Company "the des	ignation "I L C" or the	hbraniation "I	1.6"
·	ininea Elaonity				- cl = 7
Enter new principal offices address, if applicable:		00000	10 5101 Co. of #=1	$\frac{100}{22}$	10 (
(Principal office address MUST BE A STREET AD)	<u>DRESS)</u>	<u> PCII K (</u>	<u>na vi</u>	<u> </u>	375
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Enter new mailing address, if applicable:		2051 1	m 22.	. 2A.	<u>eer</u>
(Mailing address MAY BE A POST OFFICE BOX)		COCON	Ut CYCE	K FI	<u>`330</u> /
B. If amending the registered agent and/or register agent and/or the new registered office address here		dress on our rec	ords, <u>enter the nai</u>	ne of the ne	w registered
	-				
Name of New Registered Agent:					
New Registered Office Address:					
The Wintegistered Office Products.		Enter Florid	a street address		
<u></u>			. Florida		
	\	City		Zip Code	_
New Registered Agent's Signature, if changing Registe	red Agent:				
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete pe agent as pre cred office a	erformance of m ovided for in Ch	y duties, and I am apter 605, F.S. Or	familiar wi , if this doc	ith and ument is
	_ If Changi	ng Registered Ager	it. Signalare of New R	egistered Age	nt .
	H *				

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>	Name	Address	Type of Action
			□Add
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Effective date, if other than the date of filing	•		>> (optional)		
(If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not me	cannot be prior to date eet the applicable st	of filing or more than atutory filing requir	90 days after filing.)	oursuant to ill not be	605,0207 (3 listed as th
document's effective date on the Department of St	ate's records.				
the record specifies a delayed effective da	ate, but not an e	effective time. a	nt 12:01 a.m. o	n the ea	rlier of:
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Dated 7 17 23					
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Signature of a m	ember or authorized r	epresentative of a me	mber		

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