## L18000126732

(Requestor's Name)
(Address)
(Address)
,
(C) (C) A (C) A (C) A (C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2.000)
Conflict Continu
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800403503598

03/97/23--01931--011 ++55.00



A. RIVERS MAY - 5 2023

## **COVER LETTER**

Division	of Corporations
SUBJECT:	PURE HAIR Experience SALON LLC Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	ELLIA SMITH Name of Person
	PURC HAIR EXPERIENCE SALON LLC
	14917 TANGELO BLVD Address
	WEST PALM BRACK, FL 33412.  City/State and Zip Code
	PUREFLORIDA 561@ gmail, CoM.  E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
ELLIA	$3 \times 17H$ at $(56) \times 236 - 5483$ Name of Person Area Code Daytime Telephone Number
i	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Book Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)}  \Bigcup \\$55.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}  \Bigcup \\$55.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}

TO:

**Registration Section** 

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

PURE HAIR I						
(Name of the Limi	ted Liability Cor (A Florida Limit	npany as it r led Liability (	i <mark>ow appears on ou</mark> Company)	r records.)		
The Articles of Organization for this Limited L			led on <u>05/</u> 6	21/18	and assigned	
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	<u>f the limited l</u>	iability cor	npany here:			
The new name must be distinguishable and contain the v	vords "Limited L	iability Comp	pany," the designation	он "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	T ADDRESS	<u> </u>				<u>ed</u>
			<del>-</del>		<u>-</u>	
Enter new mailing address, if applicable:					- 5	
(Mailing address MAY BE A POST OFFICE	BOX)					
	<del></del>				مدسه و و و و و و و و و و و و و و و و و و و	
					1	
B. If amending the registered agent and/or ragent and/or the new registered office addre	_	ce address	on our records	, enter the nar	1	ed
N. C. C. C. D. C. C. L. A. C.	FU	; <u>a</u> <	MITH		200	
Name of New Registered Agent:		77 0.	MITH NGCLO I		·	
New Registered Office Address:	1491	7 7A	NGCLO L Enter Florida stree	t address		
	Wesi	PALM	Beach	Florida	33412 Zip Code	
		City	,	, 1 101104	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
owner president	ELMIRA SUNCAR	14917 TANGELO BLVd WRST PALM BOOK, FL 33412	□Add )
			[]kemove
			Change
owner president	ELLIA SMITH	WEST PAIM BRACK, FL 33	Add
		West paim Black, FL 33	4/∂. □Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change
			□Add
		<del></del>	□Remove
		<del> </del>	□Change
<del></del>			□Add
			□Remove
			□Change

IIIC	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	I, ELNIRA I SLINCAR HAVE RECENTLY
_	became US Citizen and was given an
	option of regaly changing my name
_	I, Emira I Suncar HAVE RECENTLY became US Citizen and was given an option of regaly changing my name, which I did to ElliA Smith.
_	please remove my ord name and add my new name as it appears on all me curnon; Legal documents.
_	me now name as it appears on all m
_	my rock load formants
_	current agai acourments,
_	
-	Thank you very much.
_	
_	
_	
_	
-	
-	
ti ~	ve date, if other than the date of filing: $\frac{20883}{203}$ (optional)
: :	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
1114	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
TH	ed.
d	February 28, 2023.
••	
•• ,	COl. Lanoth
	February 28, 2023.  Ellefact  Signature of a member or authorized representative of a member