L18000178169

(Requestor's Name)
(Address)
(Address)
` ,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE
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07/24/23--01011--025 **25.00



COVER LETTER

TO:

	egistration Se ivision of Cor		, i	1
SUBJECT	DREAM C	UT BY JAMILE GEZAT LLC	Filing Information	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		PATRICIA NUNES		
			Name of Person	, , <u></u>
		TAX SOLUTIONS & BO	OKEEPING	
			Firm/Company	
		7751 KINGSPOINTE PK	WY SUIT 119	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		TAXES, SOLUTIONS 100		
		E-mail address: (to be used for future annual report no	oulication)
For further	information c	oncerning this matter, please c	all:	
PATRICIA	NUNES		407 930-0829	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration S	action
	-	orporations	Division of Co	
P	.O. Box 632	.7	The Centre of	Tallahassee
T	allahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

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

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DREAM CUT BY JAMILE GEZAT LLC

	T	O	
, ART	ICLES OF C	RGANIZATIO	N 🕹 🔈
	O	F	N 3 July 2 And 1 A
			143 4 1 0 -
DREAM CUT BY JAMILE GEZA	AT LLC		
(Name of the Limi	ted Liability Compa	ny as it now appears on (liability Company)	our records.)
	(A Profita Liffica i	Mapmy Company)	(05.7)
The Articles of Organization for this Limited L	iability Company	were filed on 07/24/20	and assigned
Florida document number L18000178169			
riorida decument humber	·		
This amendment is submitted to amend the foll	owing:		
A If an adding name onto the non-	f the limited link	:::	
A. If amending name, enter the new name of	i the limited hab	mity company nere:	
JG HAIR EXTENSIONS LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	ition "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	:able:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		N/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or		address on our record	is, enter the name of the new registered
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	N/A		
New Registered Office Address:			
New Registered Office Address.		Enter Florida st	reet address
		City	Florida Zip Code
N. D. C. L. A. C. L. C. C. L. C. C. L. C. C. L. C.	.		rege street

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	Remove
			□Change
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		· 	□Remove
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			□Add
			□Remove

i's effective date on t	ective date, but not a			earlier of: (b) The 90th	day after the
i's effective date on the pecifies a delayed eff			n 12:01 a.m. on the	earlier of: (b) The 90th	day after the
	ne Department of 50	ate's records			
	ils block does not me				
date, if other than	the date of filing:	cannot be prior to do	te of filing or gave the	(optional)	me to 605 6207 - 20
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	date, if other than	date, if other than the date of filing the date is listed, the date must be specific and	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date.	date, if other than the date of filing: ive date is listed, the date must be specific and carnot be prior to date of filing or more than	date, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing (Parsuche date inserted in this block does not meet the applicable statutory (filing requirements, this date will not the date more than 90 days after filing (Parsuche date inserted in this block does not meet the applicable statutory (filing requirements, this date will not the date inserted in this block does not meet the applicable statutory (filing requirements, this date will not the date inserted in this block does not meet the applicable statutory (filing requirements, this date will not the date inserted in this block does not meet the applicable statutory (filing requirements, this date will not the date inserted in this block does not meet the applicable statutory (filing requirements, this date will not the date in the date of the date in the date in the date of the date in the date of the date in the date in the date of the date in the

Typed or printed name of signer