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



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COVER LETTER

| Division of Cor | porations | | |
|----------------------------|---|---|--|
| SUBJECT: DY | na Hour LL | C, | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | 557 |
| | Buby Gi | Name of Person | 2:50 |
| | | Hair LC. Firm/Company | |
| | <u>1743 S</u> | ounhurst br. Address | |
| | APOKO Pubigasak | City/State and Zip Code 1010 Quyyes 1 Cen to be used for furfre annual report notif | ication) |
| For further information co | oncerning this matter, please ca | ill: | |
| Triby Tâ | MbCCa Person | at (<u>352</u>) <u>\$74 - C</u> Area Code Daytime | 1922 Telephone Number |
| Enclosed is a check for th | e 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) |
| | | | <u>.</u> |

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AKTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

| _ | O ORGANIZATION 🐉 🗼 |
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| | The state of the s |
| • | DF The state of th |
| Diving Hair LLC | 757 |
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1800022555</u> | were filed on $\frac{09/21/3018}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "limited Liabi | antra HC. |
| Enter new principal offices address, if applicable: | NIA |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NIA |
| Name of New Registered Agent: Name of New Registered Agent: | office address on our records, enter the name of the |
| New Registered Office Address: | Enter Florida street address |
| | |
| | , Florida Citv Zip Code |
| | supplication |

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 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

| | from our records: | ed to manage, enter the title, name, and | adultess of each person being at | | | |
|--------------------|--|--|----------------------------------|--|--|--|
| MGR = M $AMBR = A$ | MGR = Manager AMBR = Authorized Member | | | | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | |
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| Effective date, i | f other than the date of filing:s listed, the date must be specific and cannot be prior to date | of filing or more than 90 days after filing.) Pursuant to 605.0. |
| Note: If the date | inserted in this block does not meet the applicable sta | atutory filing requirements, this date will not be listed |
| document's effec | tive date on the Department of State's records. | |
| | | |
| ne record spec | cifies a delayed effective date, but not an e | effective time, at 12:01 a.m. on the earlier |
| ine 90th da | y after the record is filed. | |
| ₹. | | |
| Dated <u>JU</u> | | |
| | A N. M. | |
| | Signature of a member or authorized re | epresentative of a member |
| | | ., |
| (| Aluka Gramma | |
| | Typed or printed name | e of signee |

Page 3 of 3

Filing Fee: \$25.00