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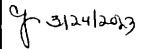




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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
, Haute Mess	Beauty Bar LLC			
SUBJECT:			<u> </u>	
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Patricia A Redman			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Haute Mess Beauty Bar LL	C		
	<del></del>	Firm/Company		
	555 W Granada Blvd, B7			
		Address		
	Ormand Beach FL 32174			
	patriciaredman@ymail.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
Patricia A Redman		386 214-0402		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection	
Division of Corporations			Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JAH 23 AH 7: 24 Haute Mess Beauty Bar LLC The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Green Energy Commission LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET 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 registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A 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.

\_\_, Florida \_\_\_

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change
			CJAdd
			□ Remove
			□Change
<del></del>			□Abd
			□Remove
			□Change
			DAdd
			□ Remove
			Change

•	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe ote:	(optional)  ctive date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
is file	
ited _	Patricia Redician  Typed or printed name of signee
	The second of a member of authorized representative of a member
	Pakering V. J.