

L18000256705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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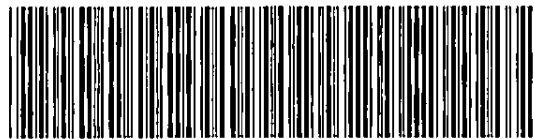
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOSIN ELIZBETH AFRO & EUROPEAN HAIR SALON THE LOOK, LIFESTYLE & LL

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

oluwatosin somade

Name of Person

TOSIN ELIZBETH AFRO & EUROPEAN HAIR SALON THE LOOK, LIFE

Firm/Company

16748 Kingman Reef Street

Address

Wimauma, FL 33598

City/State and Zip Code

tosstyles@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

oluwatosin somade

813 9512368
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|---|--|

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

TOSIN ELIZABETH AFRO & EUROPEAN HAIR SALON THE LOOK, LIFESTYLE & LUXURY LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/01/2018
Florida document number L18000256705 and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:
Tosin Elizebeth Hair Salon & Suites LLC

Tosin Elizebeth Hair Salon & Suites LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal offices address)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address only)

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:
 I hereby accept the appointment as the new registered agent for the above named corporation, partnership, or limited liability company, and agree to be bound by the terms and conditions of the appointment.

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

ending any other information, enter "000000".

(optional)

Note: If the date on the document is the same as the document's effective date on the Department of State website, the record is filed on the date the document is filed.

Dated 05/11, 2023

Signature of a member or authorized representative of a member

oluwatosin Somade

Typed or printed name of signee