119000017829

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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2022 APR -5 PH 12: 21

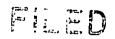
y 4/20/2022

COVER LETTER

то:	Registration Se Division of Cor		
etto ivz		A CASTRO HAIR LLC	
SUBJEC	,1: <u> </u>	Name of Lim	nited Liability Company
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please re	eturn all correspo	ondence concerning this matter	to the following:
		Jennie Pleasant	
			Name of Person
		Ortega & Figueroa Accour	nting & Tax Services Inc
			Firm/Company
		101 N State Road 7	
			Address
		Margate, FL 33063	
			City/State and Zip Code
		office@margatetaxservices	
For furth	ner information e	e-mail address: (to be used for future annual report notification) all:
Jennie P		•	954 974 3338 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	d is a check for the	he following amount:	
□ \$2 5.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration !		Street Address: Registration Section
	Division of C	Corporations	Division of Corporations
	P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 APR - 5 PM 12: 28

FIORELLA CASTRO HAIR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/16/2019 The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number _____19000017829 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bridal by Fio, 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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
			□Remove
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			□Remove
			⊡Change
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	date, if other than the date of fili			(optional)	
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record sp is filed.	pecifies a delayed effective date, but n	not an effective time.	at 12:01 a.m. on the ear	lier of: (b) The 90th day a	fler the
Ma	irch 28th	2022			
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		$\eta = \eta = -$			
	Signature of	a member or authorized	d representative of a memb	CL .	
	Fiorella Castro	a member or authorize	d representative of a memb	er	