## L19000023858

(Requestor's Name)
(Add)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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22H OCT -5 ANN: 55

Letter Number: 521A00023001

### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2021

MICHANDRA WALKER 6231 NW 15TH ST. SUNRISE, FL 33313

SUBJECT: WORLD-CLASS TRESSES LLC

Ref. Number: L19000023858

We have received your document for WORLD-CLASS TRESSES LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

### 

Registration Section

Tallahassee, FL 32314

TO:

#### **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: WOLL	d- Class Name of Lin	TYCSSCS LLC	21:1 SEP -7 PH 3:41
The enclosed Articles of Am	endment and fee(s) are sul	bmitted for filing.	
Please return all corresponde	ence concerning this matter	r to the following:	
	Michaux	Manue of Person	
		Firm/Company	<del></del>
	6231 N	N 15th S.A.	<del></del>
	Suprise,	FL 33313 City/State and Zip Code	
-	<u>.</u>	S+(CSSCS Q) C (to be used for future annual report not	
For further information cone	erning this matter, please	call:	
Michard (A Name of Pe	Walker	at ( 7862) CC CA	3 - 308C. ne Telephone Number
Enclosed is a check for the fo	ollowing 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 Sec		<u>Street Address:</u> Registration Se	
Division of Corp P.O. Box 6327	porations	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>091031 3051</u> and assigned Torida document number <u>L19000033858</u>	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."	•
Inter 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:	red_
Name of New Registered Agent:	_
New Registered Office Address:  Enter Florida street address	
, Florida	
Cay Zip Code New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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.	'he

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>	<u>Address</u>	Type of Action
AP	DOVON HILTON	3250 NW 4th CT	🗀 Add
		Lauderhill, FL 33311	Remove
			Change
			🗀 Add
			□Remove
			Change
			DbAD
			□Remove
			□Change
			□Add
			□Remove
			□Change
. <u></u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Chance

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(If an et	tive date, if other than the date of filing: (1913) (1913) (optional)  [Tective 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 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ord is f	
	september 3 aosi
Dated	·
Dated	September 3 2081  Michaela 2  Signature of a member or authorized representative of a member  Michaela Walker  Typed or printed name of signee

Filing Fee: \$25.00