## L19000060918

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TÄÜLJAÄSSÉE FLORIS,

SEP 2 8 2022 S. PRATHER

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Hair Every	where Grooming LLC		
3014/1/CT	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Jana Knoblochova		
		Name of Person	
		Firm/Company	
	1001 N Town and River Dr		
		Address	
	Fort Myers, FL 33919		
	janaknob60@gmail.com	City/State and Zip Code	
	-	o be used for future annual report not	tification)
For further information c	concerning this matter, please ca	111:	
Jana Knoblochova		239 849-2499 at ( )	
Name o	f Person	at ()at () Area Code Daytir	me Telephone Number
Enclosed is a check for the	he 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 Addres Registration		Street Address: Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632	27 ·	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hair Everywhere Grooming LLC		14. 19.
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <a href="https://limited.com/L19000060918">L19000060918</a> This amendment is submitted to amend the following:		JULIAN PM 5: 14
A. If amending name, enter the new name of the limited liab	ility company here:	
Fresh & Clean Bark LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1001 N Town and River Dr	
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33919	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1001 N Town and River Dr Fort Myers, FL 33919	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the na	me of the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

## 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>	<u>Address</u>	Type of Action
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			□Remove
			Change
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			Remove
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