119000133503

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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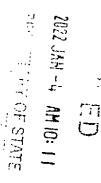
A. RIVERS JAN 25 2022



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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT.	BRUSHED H	IAIR BY GABBY LLC	
SUBJE	.cr:	Name of Liv	ited Liability Company	
		• Amendment and fee(s) are sub	_	
		(SABRIELLE C. MOORE	
			Name of Person	
		BRU	SHED HAIR BY GABBY LLC	
			Firm/Company	
		10	860 W. SAMPLE RD #7504	
		* 12	Address	
		C	CORAL SPRINGS, FL 33065	
			City/State and Zip Code	
		=	abbycm4190@gmail.com	
		E-mail address: (to be used for future annual report no	otification)
For furt	her information co	ncerning this matter, please c	all:	
	GABRIELLE	C. MOORE		8-1256
-	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$25	5.00 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	<u>!</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

	R BY GABBY LLC			
(<u>Name of the Limite</u> : <u>Liability Compa</u> (. Florida Limited I	ny as it now appears Jiability Company)	on our records.)		
he Articles of Organization for this Limited Liability Company lorida document numberL19000133503	were filed on	10/30/2020	and assigne	ed
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
GCM HAIR DESIG	NS LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the a	abbreviation "L.L.C."	•
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		-		
The partifice didness most be A STREET ADDRESS				
				
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE E OX)				
William Willia			-	
	 -			—
If amonding the registered and and the series 1.55				
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the nan</u>	ne of the new reg	<u>ziste</u>
and the war to w				
Manager (Name Declared Declare			~~?	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	-	<u> </u>	
New Registered Office Address:			ر سور معرب	
	Enter Florida	a street address		
		, Florida	<u>-4</u>	1
	City	, FIDING	. Zin Coches	=
iew Registered Agent's Signature, if changing R gistered Agent:			3 S 5	٬ حس

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 prope- 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 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
MGRM	GABRIELLE C. MOORE	10860 W. SAMPLE RD #7504	□Add
		CORAL SPRINGS, FL 33065	□Remove
			'XIChange
			□Add
			Remove
			□Change
			□ Add
			Remove
			□ Change
			□Add
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			□Remove
			□Change
 ,			🗆 Add
			□Remove
			Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
(If an et Note:	tive date, if other than the date of filing: December 17, 2021 (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 neet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	12 Zio Z **Y DICLUS MUONO Signature of a member or authorized representative of a member
	* Steener Mone
	GABRIELLE C MOORE Typed or printed name of signer

Filing Fee: \$25.00