(Requestor's Name)	
(Address)	800400
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	01/09/23010
(Business Entity Name)	
(Document Number)	
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FILED



March 17, 2023

ANABEL CRUZ 180 BRANFORD CT FREEPORT, FL 32439 US

SUBJECT: HAIR BY ANABEL LAFFINS LLC

Ref. Number: L19000150665

2023 APR 11 PM 12: 59

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 223A00006221

Vonterica S Williams REGULATORY SPECIALIST II

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hair by Anabel lat	PIN
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records:)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L 1900 150 665.	$\sqrt{6/23}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her Pink Palm Beauty LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the de	_
	onmons dr W ob dustin Fl 32541
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  GRAPH OF THE POST OFFICE BOX	Raphael Rd Lk Springs Fl 32433
B. If amending the registered agent and/or registered office address on our re agent and/or the new registered office address here:	cords, enter the name of the new registered
Name of New Registered Agent: Anabel Cru	2
New Registered Office Address: 4010 Common of	r M JUH #108
D. O. Stiv	la street address  Florida SA SO
New Registered Agent's Signature, if changing Registered Agent:	Y OF A TU
I hereby accept the appointment as registered agent and agree to act in this coprovisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in Copie the obligations of my position as registered agent as provided for in Copie the obligations of the registered office address. Thereby company has been notified in writing of this change.  11 Changing Registered Agents agents agents and agents are the provinced by the company has been notified in writing of this change.	upacity. I further tigree to comply with the ny duties, and I ant familier with and napter 605, F.S. Or, if this document is

If ameraling 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
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(If an effect Note: If	live date is listed, the date inserte	r than the date of the date must be spec- ed in this block does to on the Departme	rific and cannot be pri s not meet the app	licable statutory f	or more than 90 days a	<b>ntional)</b> fter filing.) Pursuant to t this date will not be l	605.0207 (3 isted as th
ne record s ord is filed	specifies a delay l.	ved effective date. t	out not an effective	time, at 12:01 a.	m, on the earlier of	(b) The 90th day a	fter the
Dated							
	<del></del>	Signatur	re of a member or au	thorized representa	ive of a member		