119000 198367

(Requestor's Name)
(requestors realite)
(Address)
(Nadioss)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400347389024

U7/02/20--01015 -014 ••25.00

AUG 14 2020 PM 6: 38

	ion secuo of Corpora				
SUBJECT:	Hair	/N Session	ited Liability Company		
The enclosed Artic	les of Ame	endment and fee(s) are subi	mitted for filing.		
Please return all co	rresponder	ace concerning this matter (to the following:		
	-	Chauka	Young Name of Yerson		
	_			· · · · · · · · · · · · · · · · · · ·	
		2551 Lan	Firm/Company Nar Valley	S+	
	-	Apopka F Chauka Yur E-mail address: (1	, radion,		
For further informa		rning this matter, please ca	_		
C'hauka,	YOU Name of Per	Son	at (<u>32/</u>) <u>5</u> Area Code	B/5. 82/ Daytime Telepho	
Enclosed is a check	k for the fo	llowing amount:			
\$25.00 Filing I	Fee [\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

Hair IN Session, LL	<u>L</u> C
	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 198367</u>	y were filed on August 8, 2019 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u> STO 1/100 HOUSE BOUH19UR	LLLC
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2551 Lamar Valley St Apopka Florida 32703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chauka Young	2551 Lamar Valley St	🗀 Add
		2551 Lamar Valley St Apopka Fl 32703	□Remove
			□Change
			□Add
			□Remove
		<u></u>	□Change
			🗆 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
		······································	□Add
			□Remove

,,,,	1ust	amendi	110	160	name		Thank	VICON	/
/						<u>·</u>	001()	9000	<u>·</u>
						 .			
		- \.							
							··· · · · · · · · · · · · · · · · · ·		
									
		 							·
									
								<u></u>	
				4					
	<u> </u>								
	· · ·								
									
									
					–	-			
	e, if other th	han the date of	filing:				(optio	nal)	
ective dat	ate is listed the	date must be specif	ic and cannot meet				0 days after f	iling.) Pursua	
effective da e: If the d	late inserted i	n this block does on the Departmen	t of State			5 -			
effective da e: If the d ument's ef	late inserted i ffective date o			s records.					day after the
effective da e: If the d ument's eff cord specific s filed.	late inserted i Ffective date o fies a delayed	on the Departmen		s records.					day after the
effective da e: If the d ument's ef	late inserted i Ffective date o fies a delayed	effective date, bu	ut not an e	s records. ffective time	e, at 12:01 a.m. (on the ea	rlier of: (b)		day after the
effective da e: If the d ument's eff cord specific s filed.	late inserted i Ffective date o fies a delayed	effective date, bu	ut not an e	s records. ffective time		on the ea	rlier of: (b)		day after the