L19000205379

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(Business Entity Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			•
CUDIFOT.	' CHRISSY'S H	AIR & BEAUTY SALON L.L.C	•
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony Morales		
		Name of Person	
	MyUSACorporation.com		
		Firm/Company	· _ ·-
	1 Radisson Plaza, Suite 80	0	
		Address	
	New Rochelle, NY 10801		
	info@myusacorporation.co	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all:	
Anthony Morales		877 3302677	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne 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 Address Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISSY'S HAIR & BEA	NUTY SALON L.L.	C	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	08/12/2019	and assigned
Florida document number L19000205379			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
	ALINA SALON LL		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4168 NW 90th A	ve, Apt 206	
Principal office address MUST BE A STREET ADDRESS)	Coral Springs, Fl	L 33065	* ************************************
			<u> </u>
			ا ا
Enter new mailing address, if applicable:	4168 NW 90th A	ve, Apt 206	,
Mailing address MAY BE A POST OFFICE BOX)	Coral Springs, Fl	L 33065	
			·
			,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our re	cords, <u>enter the</u>	name of the new regist
Name Parainteend Office Address.			
New Registered Office Address:	Enter Florid	da street address	
		, Florid	la
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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			□Remove
			
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior				
If the date inserted in this block does not meet the applicament's effective date on the Department of State's records.	able statutory	tiling requiren	ients, this date v	vill not be liste
ord specifies a delayed effective date, but not an effective tit filed.	me, at 12:01	a,m. on the ear	ner of: (b) The	90th day after
20th day of August 2021	1		_ ()	
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Typed or printed name of signee