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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only





## . COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Giselle Rivera Name of Person GG the Hair Artist Firm/Company 13255 SW 137 AVE. Suite 103. Miami Miami FL 33186 City/State and Zin Code ggthe Hairartist@ mail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; at (<u>365</u>) <u>5986840</u> Area Code Daytime Telephone Number Enclosed is a check for the following amount:

#### Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

#### Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee

☐ \$60,00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company	)	
The Articles of Organization for this Limited Liability Company were filed on _ Florida document number $\underline{L19000262151}$ .	10/18/19	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company l GG The Hair artist, LLC	here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	မှာ (၁)	2021
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	2 TT 00 0000
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	A CE TIME	) PE : 2+
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name o	f the new registe
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
Enter F1	orida street address	

#### 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

City

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
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effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state.	f filing or more than 90 days.	ptional) after filing.)	Pursuant	to 605.02
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ord specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the audior of	Mar Tho	Oods Ja	crasticam ala
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d August 25 2021  (INCLUDE) V.C.  Signature of a member or authorized rer				
/ and later of				
Signature of a member or authorized rep	presentative of a member			