10/19/22, 2:40 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003593913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

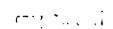
**Ent	er	the	email	address	for	this	busin	e55	entity	to	be	used	for	future
დ. ჯ .∢	anı	nual	repor	t mailin	gs.	Enter	only	one	email	add	nes:	s ple	ase.	* *

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAIJA HAIR BRAIDING LLC

Certificate of Status	()
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help



Registration Section

TO:

From: Sylvia Paull

COVER LETTER

Division of Cor	porations				
NAIJA H	AIR BRAIDING LLC				
SUBJECT:		ited Liability Company			
	And Carlon	accompany			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Charrana Maraha				
	Cheyenne Moseley				
		Name of Person	•••••••		
	Legalzoom.com, Inc.				
		Firm/Company			
	101 N Brand Blvd 11th Fl				
		Address			
	Glendale, CA 91203				
		City/State and Zip Code			
	susan80s@yahoo.com	Cuyranac and zap Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Cheyenne Moseley		800 773-0888			
	f Person	at ()	o Telenhone Sumber		
ranc v	110,500	Alea code Dayoni	e reseptione continue		
Enclosed is a check for th	-		_		
□ \$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)		
	ING ADDRESS: ation Section	STREET/COURI Registration Section			
Divisio	n of Corporations ox 6327	Division of Corporations Clifton Building			
	issee, FL 32314	2661 Executive Ce Taflahassee, F1, 32			

Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)	·			
(A Florida Limited	Limplify (Lompany)				
The Articles of Organization for this Limited Liability Company	were filed on <u>03/26/2020</u>	and assigned			
Florida document number 1.20000090317					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
Naija Braiding Palace LLC					
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1403 Dunn Ave., Ste. 17				
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32218				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		2623			
B. If amending the registered agent and/or registered o	ffice address on our records, ente				
egistered agent and/or the new registered office address her	<u>'e</u> :	.)			
		co ř			
Name of New Registered Agent:		<u></u>			
Non-Donate and O'Con Addresses		; ?:			
New Registered Office Address:	Enter Florida street address	D8			
	. Florida				
	Cuv	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited hability company has been notified in writing of this change.

From: Sylvia Paull

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
AMBR	Chinonso Hawkins	<u> </u>	
			□ Remove
		1403 Dunn Ave., Ste. 17 Jacksonville, FL 32218	
			□ Add
			□ Remove
			Change
			🗀 Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			☐ C'hange
			☐ Remove
			Change

						·
						· · · · · · · · · · · · · · · · · · ·
		~ *				
_	······································	<u> </u>		· 		
						
						
			 -	·		
_						
_					··	
			-·· -	······		
_						
n elfec <u>xte:</u> If	e date, if other than the date of the date is listed, the date in this not seffective date on the	mist be specific and block does not n	I cannot be prior to neet the applical	o date of filling or mor ble statutory filling	(options e than 90 days after fill requirements, this da	rg.) Pursuant to 605.020
The 9	ord specifies a delay Outh day after the re	ecord is filed.		an effective tir	ne, at 12:01 a.m	n, on the earlier (
	16# Febru	an	202	<u>3</u> .		
ted_			Oll	•		
ited	(W	 	· · · · · · · · · · · · · · · · · · ·	
ated _	(nember or anthor	tzed representative o	fa member	

Page 3 of 3

Filing Fee: \$25.00