# LZO 000 113704

(Re	questor's Name)	
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### **COVER LETTER**

TO: Registration Se Division of Cor		. •	
	/ Lashed, LLC		
SUBJECT:	Name of Lim	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:	
	Shannon Stahlin		
		Name of Person	****
	Direct Inc.		2
		Firm/Company	···
	200 E Liberty St PO Box 7	7089	1.2 
		Address	<del></del>
	Ann Arbor, MI 48107		
	<del></del>	City/State and Zip Code	
	documents@directincorp.co		
	É-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Shannon Stahlin		877 281-6496	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addres Registration		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exclusively Lashed, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L20000113704	ompany were filed on 04/27/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
ExclusivelyLashed & Aesthetics LLC		• =
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDR	ESS)	6.2
	<del></del>	,
Enter new mailing address, if applicable:	***	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	: name of the new regis
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	Marine IV
	, Floric	da
<del></del>	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, 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date.	( <b>optional)</b> ys after filing.) Pursuant to 605.03
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ocument's effective date on the Department of State's records.	
a second assocition a delayed effective data, but not an effective time, at 17	-01 a.m. on the carlier
e record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	a.m. on the come
June 3rd 2021	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Shannon Stahlin	

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