N 165946

2/7/23

Ver

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

Office Use Only



200397712982

COVER LETTER

Division of Corporations
SUBJECT: Har by Nical Balbruch
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
nical Balebruch
Name of Person
Hair by Nieste Bolesuch
Firm/Company
9841 Bernwood Place Drive
Address
FOX+ MYEVS F1 33917 City/State and Zip Code
Mairbynic Lo Bulbruch & gmail. Com E-mail address: (to be used for future annual report notification)
\mathbf{O}
For further information concerning this matter, please call:
Name of Person at (239 203-C167) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & Certified Copy (cadditional copy is enclosed)

TO:

Registration Section

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 AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1 ' • ' ' '	Bolebruch, L	-4
(<u>Name of the Limited Etability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>(k.)</u>
The Articles of Organization for this Limited Liability Compa Florida document number <u>LJCCOIGSTY6</u> .	ny were filed on <u>(2) U /</u>	ACE and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022) SEP
(Principal office address MUST BE A STREET ADDRESS)		THE STATE OF THE S
Enter new mailing address, if applicable:		2 PH 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	C (21 · ·)	
	Enter Florida street addres	Z.C.
	, Flo	orida Zip Code
Now Desictared Agent's Signature if changing Designared Agen	•	zip Coae

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	Membe.

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		····	
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Remove
			□Change
			□ Add
		□Remove	
			☐ Change
		🖸 Add	
			□Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
_	
_	
_	
-	
_	
(If an effective Note: 1)	e date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	11/17 . 2002 .
	11/17 3099. (1000 Bullow Signature of a member or authorized representative of a member
	MICCU BOUNTON Typed or printed name of signee