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(I	Requestor's Name)	
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	City/State/Zip/Phone #)	
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C. GOLDEN 001 - 3 2020

COVER LETTER

TO: Registration Division of C			
HAIR BY	Y KAYLA S _ LLC	•	
	Name of Lim	ited Liability Company	
The analoged Actions	of Amendment and fee(s) are sub	min of Con Clina	
	pondence concerning this matter	ū	
ricase return air corres	pondence concerning this matter	to the following.	
	MIKALA VEREEN		
		Name of Person	
	HAIR BY KAYLA S _ LE	.C	
		Firm/Company	
	4138 ORIELY DR		
		Address	
	JACKSONVILLE, FL 322	110	
	h-id-de-d	City/State and Zip Code	
	hairbykaylaslove@gmail.co E-mail address: (on to be used for future annual report no	otitication)
For further information	concerning this matter, please c	all:	
MIKALA VEREEN		352 292-6852	
Name	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AT 18 ATTO: 22

HAIR BY KAYLA S _ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/05/2020}{}$ and assigned Florida document number L20000235421 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4138 ORIELY DR Enter new principal offices address, if applicable: JACKSONVILLE, FL 32210 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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 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>	Address	Type of Action
MGR	DESHAY WARTHEN	8068 LAMB CT. JACKSONVILLE FL 32210	□Add
			=Remove
			□Change
MGR MIKALA VEREEN	MIKALA VEREEN	4138 ORIELY DR JACKSONVILLE, FL. 32210	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
	
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Note: If the date inserted	than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) In this block does not meet the applicable statutory filing requirements, this date will not be listed as the conthe Department of State's records.
the record specifies a delaye cord is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUGUST 17	2020
	Milea Le Verges Signature of a member or authorized representative of a member
	Mikala Vereen Typed or printed name of signer

Filing Fee: \$25.00