

L20000267461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

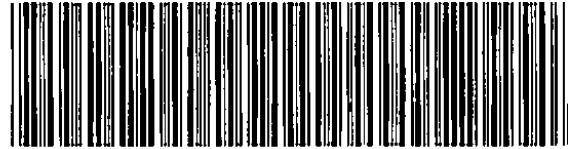
(Business Entity Name)

(Document Number)

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12/16/20
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TO: **Registration Section**
Division of Corporations

SUBJECT: I am her hair care products LLC
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:

Falicia Preval
Name of Person

Firm/Company

16809 SW 39 St
Address

Miramar FL 33027
City/State and Zip Code

falicia.p@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Falicia Preval at (305) 297-8195
Name of Person Area Code Daytime 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 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

TO
ARTICLES OF ORGANIZATION
OF

I am her hair care products 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 August 27, 2020 and assigned Florida document number L20000267461

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."

Enter new principal offices address, if applicable:

(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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	Ealicia Preval	Miramar, Fla. 16809 SW 39 th	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chan
MGR	Amelia Preval		<input type="checkbox"/> Add
		Miramar, Fla. 16809 SW 39 th	<input checked="" type="checkbox"/> Remo
			<input type="checkbox"/> Chan
MGR	Marc Preval	16809 SW 39 th	<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Chang
AR	marc Preval		<input type="checkbox"/> Add
		16809 SW 39 th	<input checked="" type="checkbox"/> Remo
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

If 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 record is filed.

Dated Nov. 12, 2020, _____

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Felicia Prevail
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00