

L2000 279556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

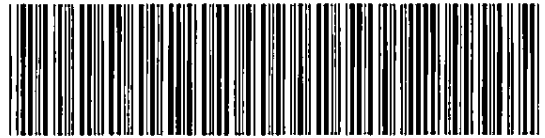
(Business Entity Name)

(Document Number)

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R. HUNT  
03/27/23

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bossedup styles hair & Boutique 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:

EVEISHA Russell  
Name of Person

Bossedupstyles hair & Boutique LLC  
Firm/Company

2331 N State Road 7 Suite 214  
Address

Lauderhill, FL 33313  
City/State and Zip Code

EVEISHA.RUSSELL@johnd.com  
E-mail address: (to be used for future annual report notification)

2009 MAR 27 AM 8:42  
STATE OF FLORIDA  
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For further information concerning this matter, please call:

EVEISHA Russell at (954) 609-3800  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Bossedupstyles hair & boutique 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 2/27/2023 and assigned Florida document number 845121947.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Bossedupstyles hair & CO. LLC  
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)

4200 NW 16<sup>th</sup> Street  
laudermill FL 33313  
Studio A

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

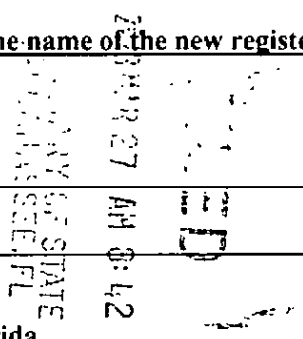
4200 NW 16<sup>th</sup> Street  
laudermill FL 33313  
Studio A

**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  
\_\_\_\_\_, Florida \_\_\_\_\_  
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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

TO whom this may concern I EUEISHA Russell  
Need to update my business name to match  
IRS so I can open a business account  
the new name I would like it to be  
Switch to is bossedupstyle hair and co. LLC  
thank you.

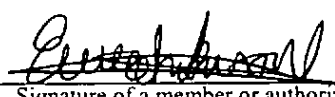
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STATE

E. Effective date, if other than the date of filing: 2/27/23 (optional)

(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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 2/27/23



Signature of a member or authorized representative of a member

EUEISHA Russell

Typed or printed name of signee