## L20 000 300 672

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| (//dd/c55)                              |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration So<br>Division of Cor | porations                                       | * • •  |  |
|--|---|--|--|
| /                                      |   | •  |  |
| SUBJECT: Yea                           | Sha The St                                      | 41s+ CCC   |  |
|  | ivane of this                                   | ned Enabling Company   |  |
|  |   |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                   | mitted for filing.   |  |
| Diago raturo all corragno              | ondence concerning this matter                  | to the following:  |  |
| ricase retain an correspo              | addice concerning this matter                   | to the ronowing.   |  |
|  |   |  |  |
|  | Vernisha  | Reddish  |  |
|  |   | Name of Person   |  |
|  |   |  |  |
|  |   | Firm/Company   | <del></del>                                      |
|  |   | 1 min Company  |  |
|  | 6910 511 15                                     | the street as  | 102  |
|  | 10700 CW 15                                     | Address  | 100-   |
|  |   | Vernisha Reddish Name of Person  Firm/Company  Plo SW 15th Street Apt 102  Address  Mbooke Pines FL 33025  Cily/State and Zip Code |  |
|  | Pembarke Pin                                    | s FL 33025   |  |
|  |   | Cify/State and Zip Code  | <del></del>                                      |
|  | vernisha William                                | to be used for future annual report noti   |  |
|  | E-mail address: (t                              | to be used for future annual report noti   | fication)  |
| For further information c              | oncerning this matter, please ca                | all:   |  |
|  |   |  |  |
| Vernisha                               | Reddish   | at ( <u>78.6</u> ) <u>624-17</u><br>Area Code Daytim   | 70.7   |
| Name o                                 | f Person  | Area Code Daytim   | e Telephone Number                               |
|  |   |  |  |
| Enclosed is a check for the            | na fallowina amount:                            |  |  |
|  | · ·   |  |  |
| \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy  | ☐ \$60.00 Filing Fee,<br>Certificate of Status & |
|  | Certificate of Status                           | (additional copy is enclosed)  | Certified Copy                                   |
|  |   |  | (additional copy is enclosed)                    |
|  |   |  |  |
|  |   |  |  |
| Mailing Addres                         |   | Street Address:  |  |
| Registration !                         |   | Registration Sec   |  |
| L UNIGION Of I                         | OFBOTODIONE                                     | Living on of for   | BORGHORE   |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| Vernisha Th   | e Stylist LLC.   | <del>,</del>                   |
|---|--|--------------------------------|
| ( <u>Name of the Limited Lia</u><br>(A Flor   | bility Company as it now appears on our recor<br>rida Limited Liability Company) | <u>ds.</u> )                   |
| The Articles of Organization for this Limited Liability   | y Company were filed on _9/23/20   | and assigned                   |
| Florida document number <u>L2000300 672</u>   | , ,  |                                |
| This amendment is submitted to amend the following  | ;  | . 20                           |
| A. If amending name, enter the new name of the li  The new name must be distinguishable and contain the words "l  Enter new principal offices address, if applicable: | imited liability company here:   | FIL!                           |
| The new name must be distinguishable and contain the words "I   | limited Liability Company," the designation "LLC                                 | C" or the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable:   |  |                                |
| (Principal office address MUST BE A STREET AD   |  |                                |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  |                                |
| B. If amending the registered agent and/or registe agent and/or the new registered office address here  |  | the name of the new registered |
| Name of New Registered Agent:   |  |                                |
| New Registered Office Address:  |  |                                |
|   | Enter Florida street addre   | SS                             |
|   | , Fl   | lorida<br>Zip Code             |
|   | *****  | ray sines                      |

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>  | Type of Action         |
|--------------|------------------|---|------------------------|
| AMBR         | Vernisha Reddish | 10960 SW 15th St. Apt 102<br>Pembiole Pines, FL 33025 |                        |
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| ective date, if other than<br>n effective date is listed, the date  | e must be specific and is block does not n | cannot be prior to c<br>neet the applicable | late of filing or more the            | (optional<br>han 90 days after filin<br>quirements, this dat | g.) Pursuant to 605.020               |
| te: If the date inserted in th  |  |   |                                       |  |                                       |
| te: If the date inserted in the cument's effective date on the coord specifies a delayed effective and specifies and allowed effective delayed. | ective date, but not                       | an effective time                           | . at 12:01 a.m. on th                 | ne earlier of: (b) T   | The 90th day after the                |
| te: If the date inserted in the cument's effective date on the coord specifies a delayed effective.   |  |   |                                       |  | The 90th day after the                |
| te: If the date inserted in the cument's effective date on the cument's effective date on the coord specifies a delayed efficient.  ted         |  |   |                                       |  | The 90th day after the                |