

|                         | (Requestor's Name)       |
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|                         | (City/State/Zip/Phone #) |
| PICK-UP                 | WAIT MAIL                |
|                         |                          |
|                         | (Business Entity Name)   |
|                         |                          |
|                         | (Document Number)        |
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| Certified Conies        | Certificates of Status   |
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| Special Instructions to | Filing Officer:          |
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Office Use Only



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TALLAHASSEE, FLORIDAY
DIVISION OF CORRORS TO THE

RECEIVED

## **COVER LETTER**

| TO: Registration Section Division of Corpo |  |
|--|--|
| SUBJECT:                                   | EXTENSIONS GREAT LLC  Name of Limited Liability Company  |
| <del>~!-</del>                             | Name of Limited Liability Company  |
| The enclosed Articles of Ar                | mendment and fee(s) are submitted for filing.  |
| Please return all correspond               | dence concerning this matter to the following:   |
|  | SARANGAPANI KANDAVEL Name of Person  |
|  | Name of Person   |
|  | Firm/Company   |
|  | 27-86 SWEET RIDGE STREET, TALLAHASSEE, FL: 3230  |
|  | Address  |
|  | TALLAHASSEE, FL: 32308   |
|  | TALLAHASSEE, FL. 32368  City/State and Zip Code  Kanvele Gmci./ (wm  E-mail address: (to be used for future annual report notification)  |
|  | E-mail address: (to be used for future annual report notification)   |
| For further information conc               | cerning this matter, please call:  |
| SA-RANGA PAR<br>Name of Pe                 | erson Area Code Daytime Telephone Number   |
| Enclosed is a check for the f              | following amount:  |
| ☐ \$25.00 Filing Fee                       | ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EXTENSONS   | GREAT  | LLC                                  |  |
|---|--|--------------------------------------|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L   | iv as it now appears on out<br>tability Company) | r records.)                          |  |
| The Articles of Organization for this Limited Liability Company, Florida document number 420000322706               | were filed on                                    | 12/20 and assigned                   |  |
| This amendment is submitted to amend the following:   |  |                                      |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:                               |                                      |  |
|   |  | 21                                   |  |
| The new name must be distinguishable and contain the words "Limited Liabili   | ty Company," the designati                       |                                      |  |
| Enter new principal offices address, if applicable:   |  | 0CT 11)                              |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  | 20                                   |  |
|   | -  | <u> </u>                             |  |
|   |  | <u>.</u>                             |  |
| Enter new mailing address, if applicable:   |  | ··· N                                |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <u> </u>                             |  |
| Estating datasess MATE DE ATTOST OF THE DOWN  | **********                                       |                                      |  |
|   |  |                                      |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records                            | enter the name of the new registered |  |
| Name of Name Deviational Association  |  |                                      |  |
| Name of New Registered Agent:   | · · · · · · · · · · · · · · · · · · ·            |                                      |  |
| New Registered Office Address:  | r - r1 -1  |                                      |  |
|   | Enter Florido street address                     |                                      |  |
|   |  | , Florida<br>Zip Code                |  |
|   | 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

| Title<br>MGR | Name<br>KUMARESAN<br>PERIASAMY | Address<br>2986 SWEET RIDGE<br>STREET, TALLAHASSEE,FL 323 | Type of Action |
|--------------|--------------------------------|---|----------------|
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|                                  |                                    |  |  |
| (If an effective<br>Note: If the |                                    | rific and cannot be prior to date of<br>is not meet the applicable statu | (optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( story filing requirements, this date will not be listed as the |
| document s                       | enecave date on the Deparane       | ent of State's records.  |  |
| the record spectord is filed.    | rifies a delayed effective date, l | but not an effective time, at 12   | 1:01 a.m. on the earlier of: (b) The 90th day after the  |
|                                  | 10/20/2023                         |  | r.   |
| Dated                            |                                    | ·  | 1 1  |
|                                  |                                    | Sit  |  |
| _                                | Signatu                            | re of a member or authorized repi  | resentative of a member  |

SARANGAPANI, KANDANEL
Typed or printed name of signce