## L2000032935

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## **COVER LETTER**

TO: Registration Sec Division of Corp		÷	•
SURJECT: POSTA	HAIR GROWTH	a pil 11c	
30,500.11.	HAIN GROWH Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Rosenie Saint	Olean	
	POCH PRIM	Name of Person	
		Firm/Company	
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	1729 DW	St lucie west of	3/1/5
	Port 5+ 1.	U (1 f City/State and Zip-Code	
		City/State and Zij-Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
	•	deu dos	-6.70
Rosenie SA	Floren Tenn	at ( 95 4 ) 706 - Area Code Daytin	ne Telephone Number
12 million 1 for a strong last on the	. Fallonian amount		
Enclosed is a check for th	-		E 640 00 P. F.
<b>₹</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration Se	vetion
Registration S Division of C		D.vision of Co	
P.O. Box 632	-	The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.1

	City	, Florida Zip Code
New Registered Office Address:	Enter Florida s	treet address
		<del>-</del>
Name of New Registered Agent:		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our recor	ds, enter the name of the new registered
Truning duaress Mill Mail (Val) (VI) ICE DON	_	
(Mailing address MAY BE A POST OFFICE BOX)		:
Enter new mailing address, if applicable:		· <del>-</del>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new principal offices address, if applicable:		****
	company, the design	auton 1330, of the appreviation 13.13.0.
The new name must be distinguishable and contain the words "Limited	C   Liability C manny " the decimal	oution "LLC" or the abbreviation "LLC"
A. If amending name, enter the new name of the limited	<u> </u>	
This amendment is submitted to amend the following:		
Florida document number <u>L20000 329335</u> .		
The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
(A FIORIDA LIE	mited Liability Company)	
Name of the Limited Liability Co. (A Florida Liability Co.)	Company as it now appears on	our records.)

## 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 adaress, I hereby confirm that the limited liability company has been notified in writing of this change.

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
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			□Remove
		<del></del>	□Change
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ctiva data if	other than the	data of filing				(	
effective date is	listed, the date mus	st be specific and	cannot be prior t	o date of tiling or	more than 90 da	(optional) ys after filing.) Pr	irsuant to 605.01
nent's effecti	nserted in this bl ve date on the D	lock does not me repartment of St	eet the applica ate's records.	ble statutory fil	ing requiremen	its, this date wil	I not be listed
ord specifies a	delayed effectiv	e date, but not a	an effective tir	ne, at 12:01 a.n	i. on the earlier	of: (b) The 9	Oth day after th
filed.							
a 12-05	- 2023						
los	enic sa	ust Jeu	~				
		Signature of a m	ember or autho	rized representati	ve of a member		