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A. BUTLER
SEP 1 9 2022

COVER LETTER

	on Section Corporations	
SUBJECT:	Hair by Kim, UC Name of United Liability Company	_
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.	
Please return all co	respondence concerning this matter to the following:	
	Tyler Tebault Name of Person	
	Clukey & Tebault LLC Firm/Company	<u></u>
	201 OWENS AVE, unit A	
	Saint Augustine, FL 32080	2_
	E-mail address: (to be used for future annual report notification)	ත
For further inform	ion concerning this matter, please call:	
Tyl	ex Tebault at (904) 679 - 3/19 Area Code Daytime Telephone Nu	mber
Enclosed is a chec	for the following amount:	
\$25.00 Filing	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee. ificate of Status & ified Copy tional 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 FILED

. 1	• • • • • • • • • • • • • • • • • • • •	
Hair be	y Kim, LLC 2022 JUH 27	AM 7:44
(Name of the Limited Lin (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company) SEGRETARY	OF STATE
	17話も65人	SSENFL
The Articles of Organization for this Limited Liability	ly Company were med on	and assigned
Florida document number <u>L2000360</u>	<u> 235</u> ./	
This amendment is submitted to amend the following	<u>5</u> .	
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 AL	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	-	···
B. If amending the registered agent and/or regist agent and/or the new registered office address her		name of the new registered
agent and/or the new registered ornice address ner	<u></u>	
N CN D I VII A VII		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 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
AMBR.	Whittier, Paige	933 Deer Chase Dri	<u>V</u> EXAdd
		Saint Augustine, Fl	□Remove
		32086	□Change
AMBR	Whither, Kimberly	933 Deer Chase Drive	□Add
	•	Saint Augustine, F1 32087	_ □Remove
			XChange
			□Add
			□Remove
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ifies a delayed	effective date,	, but not a	in effectiv	e time, at	12:01 a.m	i. on the ea	arlier of: (t	b) The 9	0th day after	r the
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Filing Fee: \$25.00