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06/2/124

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Hair by	Kim, LLC		
		Sweenly Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Tyler	Tebault Name of Person		
	Clukey	i Tebault,	LLC	
	201 ave	ns Ave, unis	FA S	
	Saint A	City/State and Zip Code LTTS o Clukeyand to be used for future annual report noti	32080 SECTION TO SECULATE THE SECULATION TO SECURIT	
		City/State and Zip Code	SC ≥	
	E-mail address: (to be used for future annual report noti	tebault am	٤
For further information co	oncerning this matter, please co		<u>—</u> 9	
			20110	
Name of	Person	at (<u>904</u>) <u>679</u> Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
\$\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Hair by	Kim, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	3/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit. LOVE YOUR LOCKS H The new name must be distinguishable and contain the words "Limite"	air Studio, Li		iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:		<u>>></u> 	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	15 N
		SEE,	2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,		the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
		. Florida	
	City		ip 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, <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>	Address	Type of Action
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			□Remove
		+	□Change
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tive date, if other than the date of filing: _ ffective date is listed, the date must be specific and car	_		(optional)	
ffective date is listed, the date must be specific and car If the date inserted in this block does not mee	nnot be prior to date t the applicable st	of filing or more than	n 90 days after filing.)	Pursuant to 605.
ment's effective date on the Department of State	e's records.		The state of the s	Will hot be liste.
ord specifies a delayed effective date, but not an filed.	effective time, at	12:01 a.m. on the	earlier of: (b) The	290th day after
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gune 18	2029			
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Filing Fee: \$25.00