L21000039617

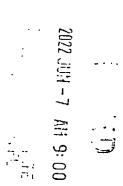
(Requestor's Name) (Address)
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PICK-UP WAIT MAIL
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(Document Number)
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of 8/20/2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
CUBICOT	Hair Extens	sions and Beauty Bar LLC			
SUBJECT:	,	Name of Lim	ited Liability Company		
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter			
		Mery Jordan			
			Name of Person		
		Hair Extensions and Beaut	y Bar LLC		
			Firm/Company		
		2302 SW Frisco Terrace			
2302 SW Frisco Terrace Address Port Saint Lucie/Florida/34953					
		Port Saint Lucie/Florida/3-	4953		
			City/State and Zip Code		
		megahairinvisible@gmail.c			
			to be used for future annual report no	tification)	
For further in	nformation c	oncerning this matter, please ca	all:		
Mery Jordan		954 2587497 at ()			
	Name o	f Person		me Telephone Number	
Enclosed is a	check for t	he following amount:			
■ \$25.00 F		\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Corporations			
P.C	P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN - 7 AH 9: 00

HAIR EXTENSIONS AND BEAUTY BAR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed o	on 01/13/2021	and assigned
Florida document number L21000029617	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability compa	ny here:	
MEGAHAIR EXTENSIONS LLC			
The new name must be distinguishable and contain the words "Lim	nited Liability Company,	the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDI			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on	our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Ent	er Florida street aa	ldress
			Florida
	Ciţy		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and e accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performan gent as provided fo ed office address, l	ce of my duties r in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Register	red Agent, Signati	are 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			Change
			Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Remove
			□Change

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an ef Note:	ive date, if other than the date of filing:	207 Las :
e reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed.	he
Dated	May 31 2022	
Daicu	Sul.	
	Signature of member or authorized representative of a member	

Typed or printed name of signee