

L21000116693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

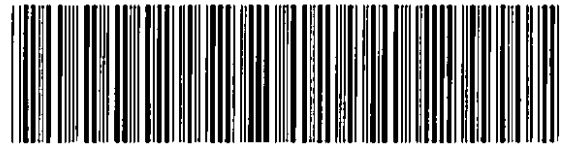
(Business Entity Name)

(Document Number)

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10.10/20--G1025--J17 **21.00

2023 OCT 10 AM 11:27

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Pour L'Amour Des Cheveux LLC
Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

For correspondence concerning this matter to the following:

Monique Freeman
Name of Person

Firm/Company

710 SW Symphony Loop Apt 305
Address

Lake City, FL 32025
City/State and Zip Code

getstyledbynikki@gmail.com
E-mail address: (to be used for future annual report notification)

If you have any questions concerning this matter, please call:

Monique Freeman at (352) 512-5685
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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)

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**

Pour L'Amour Des Cheveux 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 Company were filed on March 11, 2021 and assigned Florida document number L21000116693.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GetStyledByNikki LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

(all office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

I, 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 the legal 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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

...delays a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the


Signature of a member or authorized representative of a member

Monique Freeman
Typed or printed name of signee

Filing Fee: \$25.00

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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VIRGINIA DEPARTMENT OF
TRANSPORTATION
OFFICE OF THE
COMMISSIONER
1000 COMMONWEALTH AVENUE
ALEXANDRIA, VA 22304-6100
TEL: 703/296-6000
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