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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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	·	5/21/21

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04/01/21--01012--020 **25.00

21 APR = 1 PM 12: 21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hair By Mary Studio 100 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Bernhard Name of Person
Hair By Mary Studio 100
156 Roycourt Cir
Boyal Pain Beach, Fla. 33411 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie of Person at (561) 389-3675 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$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



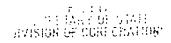
Hair B	1 Mary Sti	actio 10721	APR - 1 PM 12: 21
(Name of the Limited Liability (A Florida	Company as it how appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co		3.15.21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	ere:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		<u> </u>
	<u></u> .		
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:	office address on our r	ecords, enter the nam	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida street address	
		, Florida	
	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, <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>	Name	Address 21 AFR - 1 PM 12: 21	Type of Action
AMBR	Mary Bernhard	156 Roycourt Cir Royai Palm Bch, Fl. 33411	[₹Add
		TIPG G	□Remove
			□Change
			□Add
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			Remove
			□ Change

If amending any other information, enter change(s) here: (Attach addition)	(Attach additional sheets, if necessary.) GET FART ELL OF A FORMULA ATTACK WESTERN OF CORPORATION	
	21 APR - I	PH 12: 21
		
	· · ·	
		
Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or had the date inserted in this block does not meet the applicable statutory filing locument's effective date on the Department of State's records.		ng.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. I is filed.	on the earlier of: (b)	The 90th day after the
ated March 29 . 2021.	0	
Signature of a recipier or authorized representative	c of a member	
Mary Bernha Typed or printed name of signee	rd	