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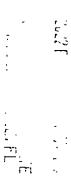
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A. BUTLER FEB 14 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Stitches Braid Bar LLC 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:
Tiana Waller Name of Person
Stitches Braid Bar LLC
12240 Sarlaun Dre Address
Rverview J 33549  City/State and Zip Code
Figure 1 Ker 95 Lyahon. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (919) U38 - 5173 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee.}\$\$ 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

Statches Brown	aid Bar LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1000101109	y were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  STITCHES COS MET  The new name must be distinguishable and contain the words "Limited Liabi	ics de Braid Bar LLC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	122to Jarlawn Dr. Riverview 21 33579
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	12240 Jairlan Dre. Riverview 21 33579
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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, 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
· 			
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			☐ Change
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If amending		information, en		s) here: (Attach QUQV	additional she	ets, if necess	sary.)	ot l
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Effective da	te, if other	than the date of	filing:			(option	al)	
If an effective d <u>Note:</u> If the (	late is listed, t date inserte	he date must be speci	fic and cannot be not meet the	applicable statuto		90 days after til	ling.) Pursuant to 605. late will not be liste	
e record speci ord is filed.	ifies a delay	ed effective date, b	ut not an effe	ctive time, at 12:0	1 a.m. on the c	arlier of: (b)	The 90th day after	the the
Dated	)anu	Eng H	2. 20 Las	Or authorized repres	enfative of a me	mber		
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