## La1000164648

(Red	questor's Name)	
(Add	iress)	<del></del>
(Add	iress)	
(1444)	11033)	
(Ĉity	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(P	iness Entity Nar	
(bud)	iness Entity ivar	mej
(Doc	urnent Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		(
	`	. 60
	2	100
	-	<b>U</b>
	<u>-</u>	

Office Use Only



100439541131

SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

Division of Corpo				
SUBJECT:	ut and 5	tyle by Efran	12, Uc.	
	Name of Lin	nited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Ilba I	T. Francesch Name of Person	ini Surrano	
		Firm/Company		
	2226 5	tonehedge.	Loop	
	Kissim	mee , Fl City/State and Zip Code	34743	
	E-mail address:	to be used for future annual report not	ification)	202 SE( T)
For further information con				ORE ALL
Llba I. F.	rances chin	at (407) 514 Area Code Daytin	ne Telephone Number	2024 MOV 18 , SECRETARY C TALLAHASS.
Enclosed is a check for the	following amount:		*	MHII: 55
₹ \$25.00 Filing Fee	Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is enclose	1
Mailing Address:		Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

The Articles of Organization for this Limited Liability Company were filed on April 9, 2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter 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 fegistered agent and/or the new registered office address here: ' Name of New Registered Agent: New Registered Office Address: KISSIMMER, Florida 34743

## 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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
		Remove	
		<del> </del>	Change
	<del> </del>		□Add
			□ Remove
		□Change N	
	*	SECRETARY CF STATE OU  Change LAHASSEE OU  Change  Change  Change	
		- Remove R	
		☐ Change	
			□Add
		\ Remove	
		Change	
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
The only I've amending on my	
Uc is the name:	
Old -> Cut & Style by thranz UC	,
LLC is the name:  Old -> Put & Style by Efranz UC  to New -> Cut & Style by Efranz and Mo	re G
Everything Else: (The Same).	
SEC TA	FGUG
TALLAHASSEE, FL	MON HOUSE
SSEE, FL	
· ·	
E. Effective 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 more than 90 days after filing.) Pursuam to 605,0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	
f the record 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 record is filed.	
Dated November 3, 2024.  Signature of a member or authorized representative of a member  Elba I - Franceschin Sorrano  Typed or printed name of signee	
Jell franceschin Senano	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	