121000253784

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8u	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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JUL 08 2021 I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

21	<i>⇔WALK IN</i> *
Luxe Hair Therapy LLC	;
MBER	
PLEASE FILI	E THE ATTACHED AND RETURN
Plain Copy	
Certified Copy	
Certificate of Sta	rtus
Certified Copy of Certificate of Goo	Arts & Amendments od Standing
APOSTILLE	'/NOTARIAL CERTIFICATION
STINATION	
TIFICATES REQUESTED_	
25.00	ACCOUNT #: I20160000072
	5 8 FM
and the above they	for any issues or concerns. Thank you so much!
	MBER **PLEASE FILE Plain Copy Certificate of Sta **PLEASE OBTAIN TO Certificate of Goo **APOSTILLE STINATION PTIFICATES REQUESTED 25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxe Hair Therapy LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000253784}{L21000253784}$	were filed on	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	2021 JUL
A. If amending name, enter the new name of the miniet hab	mry company nere.	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	, 7á V
Enter new principal offices address, if applicable:		PH 127
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	3343 Peachtree Rd. NE	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 145	
	Atlanta, GA 30326	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	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 Changing Registered Agent, Signature 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
MGR	Deashia Marie Miller	206 Old Oak Cir	
		Palm Harbor, FL 34683	□Remove
			□ Change
AMBR	Krystal Mercedes Naar	206 Old Oak Circle	□Add
		Palm Harbor, FL 34683-5861	□Remove
			□Remove
			□Change
			□Remove
			□Add
			Remove
			Change
			□Remove
			□Change

	5 Signature of	a member or autho	rizea representativo	or a member		
<u> </u>	ystal Merc	edes Naar a member or autho	Total	<i>F</i>		
Dated July 7		_ ·	<u>-</u> ·			
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record specifies a delayed effe	ctive data but s	iot an affective tie	ne at 12:01 a.m.	on the earlier of	(h) The 90th de	av after the
ocument's effective date on th	s block does no	t meet the applica	ible statutory filir	ig requirements, t	his date will not	be listed as
ffective date, if other than an effective date is listed, the date	must be specific a	and cannot be prior t	o date of filing or n	iore than 90 days af	tional) ter filing.) Pursuan	r to 605.0207
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Filing Fee: \$25.00