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SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN -2 AM 10:50

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11:11 HAIR SALON 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:

LOPEZ, JOHANNA

Name of Person

11:11 HAIR SALON LLC

Firm/Company

1770 NE 191 ST APT 108

Address

NORTH MIAMI BEACH, FL 33179

City/State and Zip Code

johanna930221@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOPEZ, JOHANNA

610 563-4173
at ()

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**

FILED

2022 JUN -2 AM 10: 50

11:11 HAIR SALON LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/08/2021 and assigned
Florida document number L21000265355.

This amendment is submitted to amend the following:

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

11:11 ADMINISTRATION SERVICES LLC

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

Enter new principal offices address, if applicable:

1770 NE 191 ST APT 108

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, FL 33179

Enter new mailing address, if applicable:

1770 NE 191 ST APT 108

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33179

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:

N/A

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

FILED
2027 JUN -2 AM 10:50
SECURITY DIVISION
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: N/A (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 _____, _____

Johanna A. Lopez

Signature of a member or authorized representative of a member

LOPEZ, JOHANNA

Typed or printed name of signee