L21000296575

or's Name)
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e/Zip/Phone #)
WAIT MAIL
s Entity Name)
nt Number)
Certificates of Status
Officer;

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

HAIR EXP	RESSIONS SALON & BLOV	V DRY BAR, LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANA G GUZMAN		
		Name of Person	
	HAIR EXPRESSIONS SA	LON & BLOW DRY BAR, LLC	
		Firm/Company	
	4400 W. SAMPLE RD. SU	JITE 108	
		Address	
	COCONUT CREEK, FL 3	3073	
		City/State and Zip Code	
	ANASHAIRCARE@GMA		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
ANA G GUZMAN		754 234-9286	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Sec	tion
Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAIR EXPRESSIONS SALON & RLOW DRY BAR TEC

(Name of the Limited	d Liability Com A Florida Limite	pany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document number 1.21000296575	bility Compar	ny were filed on JUNE 2	28, 2021	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited lia	ability company here:		
N/A				
The new name must be distinguishable and contain the wor	rds "Limited Lia	bility Company," the designa	ition "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicat	ble:	N/A		_
Principal office address MUST BE A STREET	ADDRESS)			<u>-</u>
			jee	282
Enter new mailing address, if applicable:		N/A		JUL -
Mailing address MAY BE A POST OFFICE B	OV)		2.7	
Mutang dadress MAT BLATOST OFFICE BY	<u>020</u>		<u>·</u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		e address on our recorc	ls, enter the name	of the new regi
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida sti	vet address	
			, Florida	
		City	, r joi jua	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>	Name	Address	Type of Action
VP	JEREMY GUZMAN	3280 NW 102ND TER # E-203	∃ Add
		CORAL SPRINGS, FL 33065	□Remove
		(1%) PERCENTAGE OWNERSHIP	□Change
		·	□ Add
			□Remove
			Change
			DAdd
			Remove 3 10 10 10 10 10
			□Add
			□Remove
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WITH A (99%) PERCEN	TAGE OWNERSHIP			
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ctive date, if other than th			_ (optional)	
	ust be specific and cannot be prior to do block does not meet the applicable			
	Department of State's records.			
	ive date, but not an effective time,	at 12:01 a.m. on the earli	er of: (b) The 9	Oth day after t
filed.				
JULY 1.	2021			
d JULY 1.	·			
	16/100	<i>></i> -		
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Typed or printed name of signee