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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co		•	
SUBJECT:	The Art	and Industry	1 of Hair LLC
	Name of Lin	nited Liability Company	
			202
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	2023 JUN 22 PM
Please return all correspo	ondence concerning this matter	to the followine:	··· 22
Trease retain an eartesp	vidence evilcerning that matter	to the following.	-
	1	•	
		ngella Murr	<u>ay </u>
		Name of Person	30
		Firm/Company	
	56	00 N. flagler	Dr. Unit 2802
		Address	
	^		
	west Pa	IM Beach FL. City/State and Zip Code	33407
	Au	tto be used for future annual report noti	nmail. 10 M
	E-mail address: (tto be used for future annual report noti	fication)
For further information of	concerning this matter, please c	:all:	
1	,	•	
Hogella A	lurray	at (<u>561)</u> <u>293</u> Area Code Daytim	<u> - 5213</u>
✓ Name o	of Person	Area Code Daytim	e Telephone Number
P 3 . 12. 1 1 P .	a cu :		
Enclosed is a check for t	the following amount:		
☐ \$25.00 Filing Fee	☑ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
Mailing Addre	<u>'881</u>	Street Address:	
Registration		Registration Se	
Division of C		Division of Cor	•
P.O. Box 631	11	The Centre of 1	Lulluhuecee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Art And	Industry C	of Hair	<u> </u>
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appeark on our</u> ability Company)	records.	
The Articles of Organization for this Limited Liability Company v Florida document number <u>しかしな</u> の シ98 743	vere filed on <u>(a / 1</u>	2/2023	_ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil \(\sum_{\mathcal{e}} \mathcal{e}		202	
A. If amending name, enter the new name of the limited liabil	ity company here:	3)
Never 2	Blunde L	LC 2	·
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		PH G	· • •
(Principal office address MUST BE A STREET ADDRESS)		30	
Enter new mailing address, if applicable:	5600	N. fla	gler br.
(Mailing address MAY BE A POST OFFICE BOX)	Unit	7807 ~	<i></i>
	west	- pain Be	ach FL, 3340
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records,	enter the name o	of the new registered
Name of New Registered Agent:			.
New Registered Office Address:	Enter Florida stree	Luddrose	
	vaet v torsau sirve		
	City	Florida	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
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ffective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable s				
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Filing Fee: \$25.00