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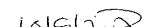
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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: BK	T HAIR ARE Name of Limi	SEV VVC ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRITT	ANI BEAUDET Name of Person	
	MAIR	BY BRITTANI Firm/Company	
	1002 KI	VER KNOUL U	<u> </u>
	MATTIN	A B H FL 321 City/State and Zip Code	17
	GT YUIST . E-mail address: (i	BRITTT @ LMAIL to be used for future annual report notif	. UM fication)
For further information c	oncerning this matter, please ca	all:	
BKITANI B Name o	BEAUDET (Person	at ( <u>386</u> ) <u>790</u> Area Code Daytime	5–5 <u>26</u> <del>7</del> e Telephone Number
Enclosed is a check for the	ne 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

BRITT HAIR LABEL LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>V2 001308924</u> .	y were filed on <u>07112</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
HAIR BY BRITTANI UU	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
	<del>-</del>	·~.7
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:		
		<u></u>
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
		· · · · · · · · · · · · · · · · · · ·
	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>	<u>Address</u>	Type of Action
			□Abd
			□Remove
			□Change
			□Add
			□Remove
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		\	□ Add
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Note: 1	re date, if other than the date of filing:     1
he record ord is file	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 d.
Der J	202
Dated _	1 No 1 Tr. 1/1/1
Dated _	Signature of a member of authorized representative of a member

THE P. CO. C.