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COVER LETTER

	gistration Section vision of Corpor						
CHRIEFT.	L-e	ebas	Wigs	ed Liability Company			
SUBJECT.			Name of Limit	ed Liability Company	y	 	
The enclose	d Articles of Am	endment and	fee(s) are subm	nitted for filing.			
	n all corresponde						
r tease retur	ii aii corresponde	nee concerni	ng this matter to	ane tonoung.			
			Dev	ora Go	oldberg		
				Name of Person			
				Firm/Company	:		
		8370 NW 37th Drive					
				City/State and Zip			
	_	<u> </u>	eeba	9 cldber	9@9me	ail. Com	
For further	information conc				·		
D-8	(V3 Cex	Goldi	0854	at (<u>754</u> Area Code	<u>, 457-5</u>	070	
	Name of Pe	rson	J	Area Code	Daytime To	elephone Number	
Enclosed is	a check for the f	ollowing amo	ount:				
\$25.00	Filing Fee	\$30.00 Fil Certifica	ing Fee & te of Status	S55.00 Fifing Certified Co (additional copy	рy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Address: egistration Sec	etion			eet Address: gistration Section	on	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC -6 AM 10: 26 SECRETARY OF STATE TALLAHASSEE, FL

Lee ba's Wigs, L	LC					
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on Liability Company)	pur records.)				
The Articles of Organization for this Limited Liability Company Florida document number L21000314304	were filed on July	न ८९ , २०२१ and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the ijmited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	LLC					
The new name must be distinguishable and contain the words "Limited Liabi						
Enter new principal offices address, if applicable:	_ 3870_	NW 37th Drive Springs, FL, 33065				
(Principal office address MUST BE A STREET ADDRESS)	<u>Coral</u>	Springs, FL 33065				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name of the new registered</u>				
Name of New Registered Agent:						
New Registered Office Address:	New Registered Office Address: Enter Florida street address					
		, Florida Zıp Code				
	Ciţy	Zıp 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>	<u>Name</u>	<u>Address</u>	Type of Action		
-			□Add		
			□Remove		
			□Add		
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