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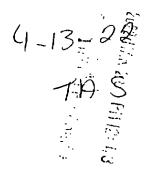
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
PERFECT	HAIR TNF			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	TERESA NUNES			
		Name of Person		
	PERFECT HAIR TNF			
		Firm/Company		
	13206 NW 8 LANE			
	<del></del>	Address		
	MIAMI FLORIDA 33182			
		City/State and Zip Code	<del></del>	
	TERESANUNESF@GMAI	to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please of	all:		
TERESA NUNES		754 207 - 9843		
Name o	f Person	at () Area Code Daytime	: 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 Addres		Street Address:	vion.	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERFECT HAIR INF		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on	and assigned
lorida document number L21000314366		
ortea document number		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ERFECT HAIR LLC		
he new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<del> </del>	
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	
		7.07.
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		C
Aailing address MAY BE A POST OFFICE BOX)		
	_	
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>enter tl</u>	ne name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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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			□Remove
			□Change
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Effective date, if other the fan effective date is listed, the Note: If the date inserted	e date must be specific	and cannot be prior to di	ate of filing or more than 9	(optional) 0 days after filing.)	Pursuant to 60.	5.0207 ted as
document's effective date	on the Department	of State's records.	statutory ming require			
e record specifies a delaye rd is filed.	d effective date, but	not an effective time.	at 12:01 a.m. on the ca	rlier of: (b) The	90th day afte	er the
Dated MARCH 23.		2022	$\mathcal{A}$			
		- FEET	jej /			
	Signature o	of a member of authorize	d representative of a meπ	her		
	•		•			

#### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000314366

**Entity Name: PERFECT HAIR TNF** 

**Current Principal Place of Business:** 

13206 NW 8 LANE MIAMI, FL 33182

**Current Mailing Address:** 

13206 NW 8 LANE MIAMI, FL 33182

FEI Number: 87-1857652

Certificate of Status Desired: No

**FILED** 

Feb 22, 2022

Secretary of State

5482292809CC

Name and Address of Current Registered Agent:

NUNES, TERESA MS. 13206 NW 8 LANE MIAMI, FL 33182 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

**Electronic Signature of Registered Agent** 

Date

#### Authorized Person(s) Detail:

Title

Name

NUNES, TERESA

Address

13206 NW 8 LANE

City-State-Zip: MIAMI FL 33182

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under osth; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERESA NUNES

**MGR** 

02/22/2022