# L21000502148

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T. MATTHEWS
JAN 19 2022

#### **COVER LETTER**

Division of Corpo	orations	).	•
SUBJECT: Pret	TY My Itc	air LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fec(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Tamya	M Derny Name of Person	
		Firm/Company	
	585 sw s	Umphony 100p AF Address	+103
	Lake city	FL, 32025 City/State and Zip Code	<del></del>
	myprettyho E-mail address: (	to be used for future annual report notif	) ication)
For further information con	cerning this matter, please ca	all:	
Tamya	perry	at ( <u>384</u> ) <u>305 -</u> Area Code Daytime	4594
(Name of F	CIMII	Mea Code Dayung	: relephone Number
Enclosed is a check for the	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)
Matting Addings		Sec. 4.11	

TO:

**Registration Section** 

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

Trother Mis Hair LC

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(Name of the Limited Liability Compa (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 L 21000502148		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	585 SW Symph	-any Loop
(Principal office address MUST BE A STREET ADDRESS)	585 SW Sympt Apt 103 Lake City FL, 30	?>2.5
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 records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	, Flori	da
	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 Changing Registered Agent, Signature of New Registered Agent

If amen@ing 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
MGR	Tamya Herry	Lake CUHY FL 32025	3 WAdd
		Lake CUHY FL 32025	□Remove
			□Change
			□Add
			□Remove
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<del></del> -		
If an effect <u>Note:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.	)207 d as
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.	ro
Dated	Signature of a member of authorized representative of a member	
	Tamva Perru	

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Filing Fee: \$25.00