## L21000530513

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DDS Hair Gory St. Name of Limited Liabil	ity Company
The enclosed Articles of Amendment and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this matter to the fol	lowing:
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DDS Hoir	Glory Studio LLC 3 8 -
6910 Hunting	CHORY Studio LLC TEST AND THE STAND LANGE CONTROL TO STAND LANGE CON
Jock Ton Ville City/Su	7 FL 32244 7A 23
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please call:	
JunoSia con Boptiste a	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	5.00 Filing Fee & S60.00 Filing Fee, ertified Copy dditional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on December 17, 2021 and assigned Florida document number L21000530513 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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

Title Name. **Type of Action** Durosia Jean Coptiste 6910 Hurtington Woods Add Jackson Ville, FL 32244 Mchange \_ 🗆 Add OF PROPRE □ Change □Add \_\_ 🗆 Change \_\_ 🗆 Add \_ 🗆 Remove \_\_ □Change \_ 🗆 Кепюче

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Filing Fee: \$25.00