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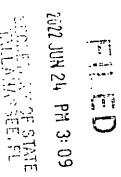
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A. BUTLER SEP 17 2022

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KETIA MERISIER		
		Name of Person	
		Firm/Company	
	2188 54th Terr SW		, <u> </u>
	NAPLES FL 34116	Address	
		City/State and Zip Code	
	Ketiamerisier@yahoo.com E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Ketia Merisier		239 692-2065 a1 ()	
Name o	f Person	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:	otion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	27	The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EIL ED 2022 JUN 24 PM 3: 13

KAY HAIR BOUTIQUE LLC

GEORETALLY OF STATE TALLAHAS GEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/20/2022}{}$ and assigned Florida document number \_\_\_\_\_L22000040001 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 "L.L.C." 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

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ketia Merisier	2188 54th Terr SW	■Add
		Naples FL 34116	□Remove
			□Change
AMBR Enodia Alincy	Enodia Alincy	2188 54th Terr SW	
		Naples FL 34116	= Remove
			□Change
			□Add
			□Remove
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ne record spec ord is filed.	cifies a delayed effectiv	e date, but not an effe	ctive time, at 12:01 :	i.m. on the earlier o	f: (b) The 90th day a	fter the
Dated C	06-22-2022	ί.				
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