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T. MATTHEWS MAY 10 2022

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Fleming Island Hair Designers LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Katrina Lavoie
Traine of Felson
Firm/Company
45167 Oak Trail
Address
Callaban Fl. 32011
Callahan F1. 32011 City/State and Zip Code astylist 63 @ Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katrina Lavoire au 904, 527-9836
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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

FILED SECRETARY OF STAFE DIVISION OF CORPORATIONS

22 APR 14 AM 9: 31

Fleming Island Hai	ir Designers LLC
(Name of the Limited Liability Company a (A Florida Limited Liab	(hy Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L22000098514</u>	re filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Fleming Island Hair Designers L 4711 US Hwy 17 Building C Su Fleming Island, Fl. 32003
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida
Signature if changing Registered Agent:	ĊīŅ
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of the complete page of the complete page.	royided for in Chapter 605, F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

AMDK - Au	morned wearner		Type of Action
<u>Title</u>	<u>Name</u>	Address	Type or remain
AMBR	mcclure, Patty F	738 Cypress Crossing TR St. Augustine, Fl. 32095	□ Add
			Deremove
			□Change
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			□Change
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			□Remove
			🗆 Change
			□ Add
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			[] Change
			□Add □Remove

f amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
(If an effective	late, if other than the date of filing: O 4/08/2022 (optional) e 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 605.0207 to date inscreted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to deflective date on the Department of State's records.
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated(For I 9th 2022. Katiena Kuntora Signature of a member or authorized representative of a member
	Katriva Lavoie Typed or printed name of signee

Filing Fee: \$25.00