

L22000101714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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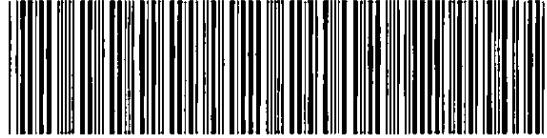
(Business Entity Name)

(Document Number)

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2023 JAN 30 AM 8:28  
SECRETARY OF STATE  
TOLAHASSEE.FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Jeridy Hair Studio 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:

Camille Monique Scott  
Name of Person

Jeridy Hair Studio LLC  
Firm/Company

1600 SW 78th Ave Apt 522  
Address

Plantation, Florida, 33324  
City/State and Zip Code

mrs.camille.scott@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camille Monique Scott at 954 851-6691  
Name of Person Area Code Daytime Telephone 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)

**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**

Jevidy Hair Studio LLC.

(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 02/28/2022 and assigned

Florida document number L 22000101714.

(L 22000101714)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

House of Jevidy LLC.

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)

4921 Sheridan Street  
Suite 24  
Hollywood, Florida 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

67 NW 183<sup>rd</sup> Street  
Miami Gardens Florida 33169

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:

Carmille Monique Scott

New Registered Office Address:

67 NW 183<sup>rd</sup> Street

Enter Florida street address

Miami Gardens, Florida 33169

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.*

Carmille Monique Scott  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Camille M. Scott</u>	<u>3401 W Meadows Circle</u>	<input type="checkbox"/> Add
		<u>Miramar FL 33025</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Camille M. Scott</u>	<u>67 NW 183<sup>rd</sup> Street</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Gardens, FL 33169</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Adding EIN # 88-1189186

E. Effective date, if other than the date of filing: 02/23/2022 (optional)

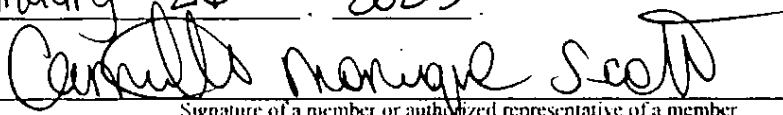
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

January 26, 2023



Signature of a member or authorized representative of a member

Camille Monique Scott

Typed or printed name of signer