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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BARBER DOLLS LLC

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JUL -7 2022

M. SOLOMON

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barber Dolls LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability (Florida document number L2200106884	Company were filed on 03/01/22	_ and assig	ned
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbr	eviation "L.L.	C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	PRESS)	 	
		- F	2420
Enter new mailing address, if applicable:		<u> </u>	<u></u>
Mailing address MAY BE A POST OFFICE BOX)			— ——
		- <u> </u>	
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B. If amending the registered agent and/or register		of the new	register
agent and/or the new registered office address here:	:		
Name of New Registered Agent:		 	
New Registered Office Address:	Enter Florida street address		
	Enter Fundu Sueet duaress		
	, Florida	Zin 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 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>	Type of Action
AMBR	JILL FREESON	7901 4TH ST N STE 300	□Add
· .		ST. PETERSBURG, FL 33702	⊠Remove
			□Change
			DAdd
			□Remove
			☐ Change
			□Add
			Remove
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If an effective <u>Note:</u> If the	date inserted in this block	(option specific and cannot be prior to date of filing or more than 90 days after fink does not meet the applicable statutory filing requirements, this cartment of State's records.	ling.) Pursuant to 605.0207 (
e record spec rd is filed.	ifies a delayed effective d	late, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
	July 6	<u>2022</u> .	
Dated			
Dated		Margan Polle	

• • •

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