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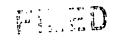
## **COVER LETTER**

EO: Registration Se Division of Cor		<b>.</b>	:
	ollectivé LLC	•	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Dempsey		
		Name of Person	
	ZenBusiness Inc.		
	<del>-</del> -	Firm/Company	
	5511 Parkerest Drive Suite	: 103	
	<u> </u>	Address	
	Austin, Texas, 78731		
		Name of Limited Liability Company    Sec(s) are submitted for filling.	
	fulfillment@zenbusiness.co		icetion i
For further information c	oncerning this matter, please c		reaction,
Michael Dempsey c/o Ze	enBusiness Inc.	844 493-6249	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			ction
Division of C P.O. Box 632		Division of Corp The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 APR 13 PM 2: 46

The Hair Collective LLC (Name of the Limited Liability Company as it now appears on our records.) TALL HASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 2022-03-24 \_\_\_\_ and assigned Florida document number 1.22000144774 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rock Paper Kicks 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) 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 \_\_\_

## 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, enter the title, name, and address of each person\_being added or removed from our records:

	Authorized Member	A didmono	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than t an effective date is listed, the date is Sote: If the date inserted in this ocument's effective date on the	oust be specific and cam block does not meet	the applicable	late of filing or more e statutory filing ro	(option than 90 days after life equirements, this d	ing.) Pursuant to 605	.0207 ( ed as t
record specifies a delayed effect is filed.	tive date, but not an e	ffective time	at 12:01 a.m. on	the earlier of: (b)	The 90th day after	r the
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Oated April 7	21	. J i				