## haacco 148077

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2022 HAY 23 PH 1: 16

1/22/2022

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	itair by ma	adonna CLC ted Liability Company	· ·
	Name of Lini	ice Elaonity Company	
	•		
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	* *		
	Betty M	Name of Person	
	Hair by	Madonna LLC Firm/Company	<u>.</u>
	6870 pc	WCHIAC Road	
	Fort Loude	City/State and Zip Code	
	Betty_mor E-mail address: (t	City/State and Zip Code  NE IMAG YUHOO. CON o be used for future annual report noti	fication)
For further information con	ncerning this matter, please ca	ill:	
BEHY MOT Name of	NE IMY H	at ( <u>454</u> ) <u>247 5</u> Area Code Daytim	O 7
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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



	HAIR BY MADONNA LLC	2022 HAY 23 PH 1: 16
(Name of t	he Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
	(A Florida Limited Elability Company)	TALL
The Articles of Organization for this Lin	mited Liability Company were filed on	03/28/2022 and assigned
Florida document numberL2200014	8077	1
This amendment is submitted to amend		
A. If amending name, enter the new	name of the limited liability company her	<u>re</u> :
The new name must be distinguishable and con-	tain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, i	f applicable:	
(Principal office address MUST BE A.	STREET ADDRESS)	<del></del>
	<del></del>	
Enter new mailing address, if applica	ble:	
(Mailing address MAY BE A POST Of	FFICE BOX)	
B. If amending the registered agent a	and/or registered office address on our re	cords, enter the name of the new registered
agent and/or the new registered office		
Name of New Registered Age	<u>nt</u> :	
New Registered Office Address	<u> </u>	
	Enter Flori	da street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if ch	anging Registered Agent:	
provisions of all statutes relative to to accept the obligations of my position	he proper and complete performance of as registered agent as provided for in C in the registered office address, I hereb	hapter 605, F.S. Or, if this document is

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>	Address	Type of Action
MUMBE	Bety mornelime	6870 North powedine Rd	_ <b>Y</b> Add
		FOIT LAUDERICHE FI 3330	∐ □Remove
			Change
			□Add
			Remove
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	<del></del>		□Add
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an eff Note:	ive date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
rd is fi	
Dated	5-13-2022
	Signature of a member or authorized representative of a member  Betty Morreland  Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Betty Morreland Typed or printed name of signee