L22 COO 156969

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SECIAL JARY OF STATE DIVISION OF CORPORATION

T. MATTHEWS JUL 20 2022

COVER LETTER

	gistration Serision of Cor			
endieze.	Healthy Ha	ir Therapy, LLC		
SUBJECT:	-	Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Te'Mia Gardner		
			Name of Person	
		Healthy Hair Therapy, LL	С	
			Firm/Company	
		4465 U.S. Highway 17, St	nite 103	
			Address	
		Fleming Island, FL 32003		
			City/State and Zip Code	
		HealthyHairTherapy@gma	il.com to be used for future annual report not	
				incation)
For further i	nformation co	oncerning this matter, please ca	all:	
Te'Mia Gard	iner		904 442-1301	
*****	Name of	Person	at ()	ne Telephone Number
Enclosed is a	i check for th	e following amount:		
□ \$25.00 I	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Re	iling Address gistration S		<u>Street Address:</u> Registration Se Division of Co	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION SECRL FARY OF STATE OF CORPORATIONS OF

22 MAY 20 PH 12: 17

Healthy Hair Therapy, LLC	ny as it may annears an any regards)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000156969	were filed on March 31, 2022 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4465 U.S. Highway 17, Suite 103	
Principal office address MUST BE A STREET ADDRESS)	Fleming Island, FL 32003	
Enter new mailing address, if applicable:	4465 U.S. Highway 17, Suite 103	
Mailing address MAY BE A POST OFFICE BOX)	Fleming Island, FL 32003	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regi</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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.

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
MGR	Te'Mia Gardner	4465 U.S. Highway 17, Suite 103	🗆 Add
		Fleming Island, FL 32003	□Remove
			⊡Change
			🗆 Add
			Remove
			□Change
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(If an effe Note:	ce date, if other than the date of filing:
the record ford is file	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 ed.
Dated	Jeman Jogg. Signature of member or authorized representative of a member
	Te'Mia Gardner
	Typed or printed name of signee

Filing Fee: \$25.00