

122000156989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

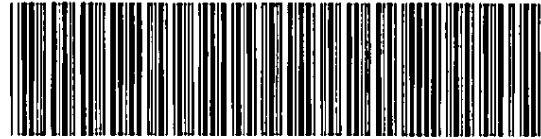
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 MAY 20 PM 12:17

T. MATTHEWS

JUL 20 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Healthy Hair Therapy Solutions, 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:

Te'Mia Gardner

\_\_\_\_\_  
Name of Person

Healthy Hair Therapy Solutions, LLC

\_\_\_\_\_  
Firm/Company

4465 U.S. Highway 17, Suite 103

\_\_\_\_\_  
Address

Fleming Island, FL 32003

\_\_\_\_\_  
City/State and Zip Code

HealthyHairTherapy@gmail.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Te'Mia Gardner

904

442-1301

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

22 MAY 20 PM 12: 17

Healthy Hair Therapy Solutions, 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 March 31, 2022 and assigned  
Florida document number 1.22000156989.

This amendment is submitted to amend the following:

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

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:

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 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

*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 Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(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)

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.

Jermaine J. Harner  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**