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(Req	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

	istration So ision of Cor			
SUBJECT:	~HairbyMi		•	•
SUBJECT.		Name of Lin	nited 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:	
		Kermisha Regisme		
			Name of Person	
		~HairbyMisha~LLC		
			Firm/Company	
		5718 Ithaca Circle East		
			Address	
		Lake Worth, FL 33463		
			City/State and Zip Code	·
		HairbyMishaLLC@gmail.c		
		E-mail address: (to be used for future annual report no	tification)
For further in	formation c	oncerning this matter, please c	all:	
Kermisha Re	egisme		561 5673970	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
ൽ \$25.00 Fi	ling 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)
Reg	ing Addressistration S		<u>Street Address:</u> Registration So Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~HairbyMisha~LLC	m. o in
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 4/12/2022	and assigned
Horida document number 88-2066678	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Hairby M ishaLLC	
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC	C" 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)	
If amending the registered agent and/or registered office address on our records, enter gent and/or the new registered office address here:	r the name of the new register
gent and/of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address. Enter Florida street addre.	rss
E	larich

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

Zip Code

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
			□Remove
			□Remove
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□p

New Empil Address:	HairbyMishaLLC@gmail.com	
		
4		
		
		•••
ective date, if other the	in the date of filing:	(optional)
te: If the date insected in	ate must be specific and cannot be prior to date of filing or n this block does not meet the applicable statutory filin	iore than 90 days after filing.) Pursuant to 605.020 by requirements, this date will not be listed a
tument's effective date on	the Department of State's records.	S 4
cord specifies a delayed e	ffective date, but not an effective time, at 12:01 a.m.	on the earlier of (b). The 90th day after the
s filed.	and the date of the tarefree time, at 12.01 a.m.	
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July 6	2022	- 2 - 2
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	Licenisha Regisme	:: <u></u>
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Typed or printed name of signee