122000185646

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AUG - 5 2022 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NINA'S HAIR	SPOT UC
Name of Lin	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
	S HAIR SPOT
3784	Firm/Company LAUPEL GROVE N. Address
ninett	City/State and Zip Code EMALDONADD Q YAHDD (to be used for future annual report notification)
For further information concerning this matter, please	call:
NINETTE BELLAMY	at (974) 229 - 7562 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

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 ARTICLES OF ORGANIZATION OF

NINA'S HAIR	SPOT	LLC records)		_	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	iability Company)	1			
The Articles of Organization for this Limited Liability Company Florida document number <u> - 22000185646</u>	were filed on 44 14	9/22	_ and a	assigne	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designat	ion "LLC" or the abbrev	viation '	"L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	-23	
			- #	<u> </u>	<u>.</u>
Enter new mailing address, if applicable:			**************************************	Y 31 -	8 1 4
(Mailing address MAY BE A POST OFFICE BOX)			•	<u> </u>	
					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	s, enter the name o	f the n	iew reg	<u>zisterec</u>
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida stre	not address			
	Inter Fibrial Mrt				
	City	, Florida	Zip Coa	J.,	
	cuy		rsp 0.00	IL.	

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>	Name	Address	Type of Action
MGR	NINETTE BELL	Amy 3284 LANE GROVE	2 N. Madd
		Amy 3284 LAWEL GROVE JACK SOMY 11P, FZ 3	2723 Remove
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ffective date, if of an effective date is lis	ther than the date of ted, the date must be special	filing:	to date of filing or	4/19/22 poor than 90 days at	tional)	nt to 605 02	202
ote: If the date ins	erted in this block does date on the Departmen	not meet the applica	able statutory fili	ng requirements, t	his date will no	t be listed	as
	elayed effective date, bu	ut not an effective tir	ne, at 12:01 a.m	on the earlier of:	(b) The 90th o	day after th	10
record specifies a del l is filed.							
is filed.	26	22_	_·,				
record specifies a ded is filed. Dated	26 Min- Signature	ty be e of a member or author		e of a member			