L22000225615

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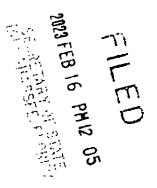
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LLC N/C Amena



A. RAMSEY APR 1 9 2023

A. RAMSEY
APR 1 9 2023

COVER LETTER

Registration Section
Division of Corporations

TO:

Lavish L SUBJECT:	uxuries Crowns L.L.C.		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	LaToya M. Medford		
	 	Name of Person	
	Lavish Luxuries Crowns L	L.C.	
		Firm√Company	· · · · · · · · · · · · · · · · · · ·
	255 South Orange Avenue		
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	
	purcopulencetresses@gmai		
	E-mail address: (to be used for future annual report not	tification)
For further information	n concerning this matter, please c	ali:	
LaToya M. Medford		347 418-5824	
Name of Person		at () Area Code Daytir	ne Telephone Number
Enclosed is a check fo	r 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 Add		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6	327	The Centre of	Tallahassee
Tallahassee	t, FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION OF 2023 FEB 16 PH 12 05

Lavish Luxuries Crowns L.L.C.

SECRETARY OF STATE TALL AHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L22000225615	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Pure Opulence Tresses L.L.C.	
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:	_
(Principal office address MUST BE A STREET ADDRESS)	
	_
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	_
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:	<u>tered</u>
Name of New Registered Agent:	
	_
New Registered Office Address:	_
	-
New Registered Office Address: Enter Florida street address	_
New Registered Office Address: Enter Florida street address Florida City Zip Code	_ _ _
New Registered Office Address: Enter Florida street address	- -

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>	Name	Address	Type of Action
			□Add
			□Remove
			[]Change
			DAdd
			□Remove
			Change
			□ AJd
			□Remove
			[] Change
.			🗆 Add
			□Remove
			DChange
			□Add
			Remove
			□Change
			🗆 Add
			□ Remove
			∏Change

			
			<u></u>
			1.111
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ective date, if other than the reflective date is listed, the date more	date of filing:st be specific and cannot be prior to	date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.0.
<u>te:</u> If the date inserted in this bl	lock does not meet the applicat	ole statutory filing requir	ements, this date will not be listed
rument's effective date on the D	epartment of State's records.		
	e date, but not an effective tim	ie, at 12:01 a.m. on the e	arlier of: (b) The 90th day after t
s filed.			
February 10	2023		
ed		_ ·	
K. medoo	- N	ized representative of a mer	
(T) (A) (A) (A (T) (A) (A)			

Typed or printed name of signee