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# **COVER LETTER**

Division of Corporations
SUBJECT: Yum Tum Hair Collection 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:
Eugena B. Butler Name of Person
TUMTUM Hair Collection LCC Firm/Company
8290 Gate parkway W UpH 1413
Tackschille, FL 32:216  City/State and Zip Code  YUM TUM Neur Collection a gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EWENCE B. BATER at (561) 2256576  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (cadditional 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

rum'um Hair	collection LLC
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{6/2012022}{0}$ and assigned $0$ .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2022 JUN 10 PH
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy 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>	Address	Type of Action
AMBR	Engence B. Butter	8290 Gate parkway	🗹 🖊 Add
		West unit 1413 Jacksur	<u>\</u> le□Remove
		FL 32216	□Change
			🗆 Add
			□Remove
			🗆 Change
	<del></del>		□Add
			□Remove
		<del></del>	□ Change
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reffec <u>te:</u> If	e date, if other than the date of filing:
s fileo	
ed_	Friday June 10 2022
	Euglin BiHlly  Signature of a member or authorized representative of a member
	Typed or printed name of signee