## L22000253650

(Requestor's Name)
(Requestors Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
me to add missing pare E update MGR address.
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8/25/23 1:05 pm

Office Use Only



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SECRETARY OF STALE

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## **COVER LETTER**

TO:	Registration So Division of Co			
CHD IE		Concierge Valet Service LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Timothy .	J. Giandomenico	
			Name of Person	
		1 Hair U & Concierge Vale	Service LLC	
			Firm/Company	<del></del>
		17177 Ocean Hill Drive		
			Address	
		Winter Garden , Florida 34	787-3253	
			City/State and Zip Code	
		Ihairualldaway@icloud.com E-mail address: (	to be used for future annual rep	ort notification)
For furth	er information o	concerning this matter, please co		
Timothy	J. Giandomenic	eo .	321 370-33	553
	Name o	of Person		Daytime Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		<u>Street Addr</u> Registratio	r <u>ess:</u> on Section
	Division of C			of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

i Hair U & Concierge Valet Service I	LLC.							
Name of the Limite	d Liability Compa A Florida Limited I	iny as it now appears o Liability Company)	n our records.)					
The Articles of Organization for this Limited Lia	ability Company	were filed on $\frac{06-02}{}$	-2022	:	and assi	igned		
Florida document number L22000253650								
This amendment is submitted to amend the follo	wing:							
A. If amending name, enter the new name of	the limited liab	ility company here	:					
'he new name must be distinguishable and contain the we	along indeed globs	lies Communes Webs Austr	mation "I I C" or	tha abbearás	uion et I			
Enter new principal offices address, if applica		17177 Ocean Hill I						
Principal office address MUST BE A STREE		Winter Garden,Fl.	34787	SECR ALLA	2023 A	-"(T		
			<u> </u>	AHASSEI	4 30 A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17177 Ocean Hill I	Drive	:_'⊊	 	m		
		Winter Garden, Fl.	34787-3253		က်	U		
		•-	• • •	Qm Qm	60			
3. If amending the registered agent and/or registered affice address  Name of New Registered Agent:	4,		ords, <u>enter the</u>	name of	the new	v registe		
	17177 Ocean Hill Drive							
New Registered Office Address:			street address	<u></u>				
				da <u>34787-3</u>	253			
	Winter Garden		Floric	4a 241012				

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.

Changing Registered Agent, Signature of New Registered Agent

If ame'nding 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
MGR	Timothy J. Giandomenico	17177 Ocean Hill Drive	□Add
		Winter Garden, Fl. 34787-3253	□ Remove
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Filing Fee: \$25.00