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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: Krysta Kayt Name of	tair LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
	Name of Person
Knys	sta Kay Hair LLC
	Firm/Corhpany
1305	Sta Kay Hair LLC Firm/Company  Juniper Circle  Address
Plant	City FL 33563 City/State and Zip Code
Kry Sta Ko E-mail addres	by doesmyhair @gmail. (om)
For further information concerning this matter, pleas	e call:
Krysta Role Name of Person	at (813) 802-9051 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division 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

Krysta Ka	y Hair LLC 2022 AUG 11 PH 2:28
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)  Live Fire Section (1999)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 22000'251975</u>	any were filed on 06 06 2022 and assigned
·	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited 1"	iability 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	<u></u>
<b>'</b>	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	rı · ı

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member					
Title	Name	Address	Type of Action		
MGR Krysta Poole	1305 Juniper Circle Plant City FL 33563	ZAdd			
		□Remove			
			□ Change		
AMBR Erik Poole	1305 Juniper Circle Plant City FL 33563	🗹 Add			
		□Remove			
	1		□Change		
		□Add			
		□Remove			
		□ Change			
		□Add			
		□Remove			
		□Add			
		Remove			
		□Add			
		⊡Remove			
			□Change		

If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	the date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Angust 3 2022. \$1.0 Page 0.
	1 Volume 1 Daniel
	Signature of a member or authorized representative of a member
	Krysta Poole  Typed or printed name of signee