## K22000259871

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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2022 DEC -5 PM 1: 35

DEC 6 2022 S. PRATHE

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: HEKSTY	QS Closet Name of Limit	ed Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponder	ice concerning this matter to	o the following:	
-	Dajahnae	Name of Person	· · · · · · · · · · · · · · · · · · ·
-	Herstyles	CLOSEA Firm/Company	
-	8627 C	our ley sound	Ċr
-	Tampa	FL 33/e47 City/State and Zip Code	
	day@ New Str E-mail address: (to	ytes closet. Corr	fication)
For further information conce	rning this matter, please cal	и:	
Dayahral Name of Per	Walter	at (E) 3   SYS - C	-{Y 7 7 e Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fec □	\$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 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



October 6, 2022

HERSTYLESCLOSET LLC 8627 CARLEY SOUND CIR TAMPA, FL 33647

SUBJECT: HERSTYLESCLOSET LLC

Ref. Number: L22000289871

We have received your document for HERSTYLESCLOSET LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

DEC - 5 2027

Letter Number: 622A00022338

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110 201 1 100 0100 0	1	
Hev Stude Citize Limited Liability	ty Company us if now appears on our recor	
(A Florida	ty Company as it now appears on our recor a Limited Liability Company)	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability C	Company were filed on 4 27 20	
Florida document number <u>L2200028987</u>	<u>_</u> .	1: 35 LORIGI
This amendment is submitted to amend the following:		Er u
A. If amending name, enter the new name of the lim	ited liability company here:	
Her styles close	t LLC	
The new name must be distingdishable and contain the words "Lim	aited Liability Company," the designation "LL	C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
		lorida
	City	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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:    If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after and is filed.  Dated 42.7.7.2.2.2  Signature of a member or authorized representative of a member    Signature of a member or authorized representative of a member   Signature of a member of signee   Signature of a member of sign						<del></del>	<del></del>
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Filing Fee: \$25.00