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SECTOR FATE

TALLAHAS SEE STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BF C	DLLECTION	LLC		
	Name of Limit	ted Liability Company		
The enclosed Articles of Ame	ndment and fee(s) are subr	mitted for filing.		
Please return all corresponden	ice concerning this matter t	to the following:		
_	Lapatru	Tsher Name of Person		
	1	Name of Person		
_				
		Firm/Company		
_	5455 Vern	19 Blvd #6121		
		Address		
_	Jax, FL 3	2236 City/State and Zip Code NEY 2D (O 10 DVI) - C 999 o be used for future annual report not		
	1000tal 600	City/State and Zip Code	_	
_	H-mail address: (1)	o be used for future annual report not	iffication)	
For further information conce				
1 amother 7	Jiher	004 942-1	14127	
Name of Pers	ion	at (<u>9</u> 04-) <u>942 - 1</u> Area Code Daytir	ne Telephone Number	
Enclosed is a check for the fol	Howing amount:			
S25.00 Filing Fee	l \$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 Corpo P.O. Box 6327 Tallahassee, FL 3	orations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee be Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BF Collection L	1024 NOV 22 AM 8: 13	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200312301</u> .	TALLAHAROFSTATE	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Pfor Pretty Hair LLC The new name must be distinguishable and contain the words "Limited Liabil"		
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)	5455 Verna Blyd #6121 Vax, FL 32236	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agra- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p- being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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
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			□Remove
			[]Change
		_	□Add
			
			☐(Thange
			□Add
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			GAdd
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			□Change
			UAdd
			∏Remove
			F7) //4

D. If amending any other information, enter change(s) here: tAttach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (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 0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 the record is filed.

Dated November 14th 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee